

Case Number:	CM14-0124235		
Date Assigned:	08/08/2014	Date of Injury:	03/20/2014
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The request for review was physical therapy two times a week for six weeks. This review request was signed on August 5, 2014. On the physical therapy initial exam from January 4, 2014 the patient had 7/10 low back pain following an injury at work. Walking, lifting and long drives make the pain worse, while medicine and sitting make it better. A physical therapy discharge summary from April 17, 2014 notes the patient just stays home to avoid increased pain. The patient has not made much improvement following six sessions of therapy. The patient was discharged back to the doctor for pain management. A note from June 19, 2014 indicates the claimant had return to work but then was deemed totally temporarily disabled by another provider. There was a normal gait. Lumbar range of motion was decreased but the provider questions the level of effort. There was pain with light touch, head compression, trunk rotation and overreaction. There was an orthopedic evaluation from July 22, 2014. He continues to work modified duties on a part-time basis following being taken off work for six weeks. There is stiffness in the cervical and lumbar spine. He has completed 14 physical therapy sessions to date. The request is for 12 more sessions of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy. Quantity #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 98. The Expert Reviewer's decision rationale: The MTUS guidelines permit "physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks; and reflex sympathetic dystrophy, 24 visits over 16 weeks." This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. This request for more skilled, monitored therapy was appropriately not medically necessary.