

Case Number:	CM14-0125203		
Date Assigned:	08/11/2014	Date of Injury:	03/18/2003
Decision Date:	10/06/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year old male was reportedly injured on 3/18/2003. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 6/24/2014. Indicates that there are ongoing complaints of upper back pain, lower back pain, and left lower extremity pain. The physical examination demonstrated lumbar spine: limited, painful range of motion, and positive orthopedic evaluation to the lumbar spine, thoracic spine, and left leg, positive neurological findings in the lower extremities. Nothing follows. No recent diagnostic studies are available for review. Previous treatment includes physical therapy quantity twelve sessions, medications, and conservative treatment. A request was made for Physical Therapy three times a week for six weeks quantity twelve and was not medically necessary in the preauthorization process on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Physical Therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of ten visits. The claimant has multiple chronic complaints and reviews of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent twelve sessions of functional restoration therapy and in the absence of clinical documentation to support an additional quantity twelve visits, this request is not considered medically necessary.