

Case Number:	CM14-0152118		
Date Assigned:	09/26/2014	Date of Injury:	12/31/2011
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 12/31/11. She was seen by her physician on 8/28/14. At issue in this review is the request for physical therapy for her left hip. She had been doing a home exercise program for her low back and bilateral hips and was walking and swimming. She also had low back pain, treated with NSAIDs. Her exam showed tenderness to palpation over the lumbosacral spine with some pain over the bilateral buttocks and SI joints. She had pain with lateral bend but no evidence of a radicular syndrome. Additional physical therapy was requested for her hip and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy, 2 times a week for 5 weeks for a diagnosis of lumbar HNP, outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program is in place and being utilized. She is also walking and swimming. The records do not support the medical necessity for 10 physical therapy visits in this individual with chronic pain.