

Case Number:	CM14-0163216		
Date Assigned:	10/08/2014	Date of Injury:	07/01/2013
Decision Date:	12/16/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology, has a subspecialty in Pain medicine and is licensed to practice in Florida. 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:

A progress note dated 8/26/14 indicates back and shoulder pain. The insured had diagnostic evaluation with magnetic resonance imaging (MRI) of shoulder and lumbar spine. The insured underwent physical therapy for the lower back. There is pain in the low back with radiation into the right lower extremity. It is present all the time. The insured reports difficulty with prolonged sitting, standing, walking and bending. There is difficulty sleeping. Orthopedic tests were negative. Straight leg rise was positive bilaterally. Strength was 4/5 in the right and left tibialis anterior, EHL, and gastroc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy x24 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate previous physical therapy for the lumbar spine with physical examination noting strength decrease and reduced ranged of motion. California Medical Treatment Utilization (MTUS) supports physical therapy for identified deficits with

goals of therapy. The medical records support the presence of strength deficits for which physical therapy may benefit the insured.