

Case Number:	CM14-0165761		
Date Assigned:	10/10/2014	Date of Injury:	03/28/2014
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45-year-old male with an injury date of 03/8/14. Based on the 09/23/14 progress report provided by [REDACTED], the patient complains of upper back, lower back, left elbow, and left hip pain. Physical examination reveals diffuse tenderness to the thoracic and lumbar spines, and the left hip. Range of motion of the lumbar spine was decreased, especially on extension 15 degrees. Patient is temporarily totally disabled. Physical therapy notes from 08/18/14 to 09/15/14 show that patient completed 7 visits. Diagnosis as of 09/23/14 is thoracic spine strain, lumbar spine strain, left elbow strain and left hip strain. [REDACTED] is requesting physical therapy 3 times a week for 6 weeks, thoracic spine, lumbar spine, left elbow, and left hip. The utilization review determination being challenged is dated 10/01/14. The rationale is: "claimant has completed at least 12 physical therapy visits. However claimant's response is not clearly outlined..." [REDACTED] is the requesting provider and he provided treatment reports from 04/11/14 - 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times a week for 6 weeks, thoracic spine, lumbar spine, left elbow and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG-TWC, Elbow procedure, Low back procedure and Hip & Pelvis procedure Summary's

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

Decision rationale: The patient presents with upper back, lower back, left elbow, and left hip pain. The request is for physical therapy 3 times a week for 6 weeks, thoracic spine, lumbar spine, left elbow, and left hip. His diagnosis dated 09/23/14 includes strain to the thoracic and lumbar spines, left elbow and left hip strain. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "Physical therapy notes from 08/18/14 to 09/15/14 show that patient completed 7 visits. The physician does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment, nor is there discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 18 sessions exceed what is recommended per MTUS. Recommendation is for denial.