

Case Number:	CM14-0183828		
Date Assigned:	11/10/2014	Date of Injury:	10/15/2012
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 27-year-old male who reported an injury on 10/15/2012. The mechanism of injury occurred when the injured worker was about to get on a truck, and it drifted back and pinned his left hip against a wall. His diagnosis was listed as sprain of lumbar. Past treatments included medications. On 08/20/2014, the injured worker complained of bilateral hip pain, more so on the left, rated at 6/10, and low back pain radiating to the bilateral buttocks and groin area, rated at 5/10. Physical examination of the bilateral hips revealed decreased range of motion and strength with abduction and decreased strength with flexion. Physical examination of the lumbar spine revealed reflexes at 2+, and motor strength was 4/5 to 5/5. Current medications were not included. The treatment plan included x-rays, continuation of current medications, and a followup visit. A request was received for physical therapy 3 x 4 sessions lumbar spine. The rationale for the request was not provided. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 sessions Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The request for physical therapy 3 x 4 sessions lumbar spine is not medically necessary. The California MTUS Guidelines recommend up to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. The clinical notes indicate that the injured worker complained of bilateral hip and low back pain radiating to the bilateral buttocks and groin area. However, there was no documented evidence that the injured worker was diagnosed with neuralgia, neuritis, or radiculitis. In addition, as the request for 12 visits exceeds the recommended 10 visits per the guidelines, the request is not supported. Therefore, the request is not medically necessary.