

Case Number:	CM14-0184556		
Date Assigned:	11/12/2014	Date of Injury:	06/04/2003
Decision Date:	12/30/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 underlying date of injury in this case is 06/04/2003. The date of the utilization review under appeal is 10/16/2014. On 09/10/2014, the treating physician saw the patient in followup regarding a left hip labral tear with degenerative changes as well as lumbar sprain with mild degenerative disc disease. The patient presented at that time with ongoing pain in the low back and left hip. The treating physician noted the patient continued to with back pain radiating to the left leg and therefore recommended authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of Physical Therapy (2x for 6 weeks) to the Lumbar Spine: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend transition to an independent home rehabilitation program. This is a chronic case in which the treatment guidelines anticipate that this patient would have transitioned previously to an independent home

rehabilitation program. The medical records do not provide a rationale instead for additional supervised instead of independent rehabilitation in this timeframe. This request is not medically necessary.