

Case Number:	CM14-0025188		
Date Assigned:	06/13/2014	Date of Injury:	10/08/2013
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pain Medicine and is licensed to practice in Texas. 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 51 year old female whose date of injury is 08/08/2013. The mechanism of injury is described as lifting boxes at work. Note dated 10/15/13 indicates that she has had prior physical therapy and epidural steroid injections which did not help her pain. Follow up note dated 04/22/14 indicates that her back has been feeling better since last visit. Note dated 06/02/14 indicates that the injured worker is improving with physical therapy/Pilates and there is minimal discomfort. There is minimal spasm and tenderness. Diagnosis is lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS (PILATES): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga.

Decision rationale: Based on the clinical information provided, the request for physical therapy 2 times a week for 4 weeks (pilates) is not recommended as medically necessary. The injured worker has been authorized for at least 12 recent physical therapy/pilates sessions. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that

elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided. The injured worker's compliance with an active home exercise program is not documented. The note dated 06/02/14 reports minimal discomfort and minimal tenderness.