

Case Number:	CM14-0028507		
Date Assigned:	06/16/2014	Date of Injury:	04/27/2010
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 62-year-old male who sustained an industrial injury on April 27, 2010. The mechanism of injury was continuous trauma while driving a bus. The patient has pain in the areas of the lumbar spine, cervical spine, left shoulder, and knees. A utilization review determination on February 21, 2014 had noncertified the request for an additional 4 sessions of physical therapy for the lumbar spine. The stated rationale was that the number of visits completed to date was not known as well as the functional improvement from previous physical therapy was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 1X4 FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE SECTION Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE SECTION Page(s): 99.

Decision rationale: The guidelines recommend continuation of physical therapy in the event that a patient benefits from prior physical therapy and continues to have functional deficits. In this injured worker, there is no documentation of reinjury or assessment of functional benefit of

previous physical therapy to the lumbar spine. There does not appear to be any progress note that addresses this aspect, which would be needed to support additional physical therapy. This request is not medically necessary.