

Case Number:	CM14-0030323		
Date Assigned:	06/20/2014	Date of Injury:	03/29/2012
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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, and is licensed to practice in California and Washington. 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 58-year-old female who reported injury on 03/29/2012. Prior treatments were noted to include medications, physical therapy, and chiropractic care. The mechanism of injury was not provided. The documentation of 01/13/2014 revealed the injured worker had no change in the physical examination. The diagnosis was lumbar spine sprain and strain. The treatment plan included new physical therapy two times a week for four weeks for the lumbar spine. It was indicated the injured worker had no difficulty with sitting or standing, her gait was within normal limits, and her posture was erect. The injured worker moved about without difficulty. The treatment plan included physical therapy two times a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two (2) times a week for four (4) weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatments are recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker previously had been treated with physical therapy. There was a lack of documentation of objective functional benefit that was received. Additionally, there were no objective findings to support the necessity for physical therapy. Given the above, the request for physical therapy two times a week for four weeks for the lumbar spine is not medically necessary.