

Case Number:	CM14-0031025		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2012
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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, 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 64 year old man who was injured 04/17/2012 when lifting a pipe weighing approximately 180-200 pounds. The injured worker claims he felt a snap and fell backward. Records indicate a magnetic resonance image was performed in May 2012 which showed an L3 compression fracture which was acute as well as old compression deformities at T12, L1 and L2. The injured worker's diagnoses include compression fracture of lumbar spine and compression fracture of thoracic spine and degenerative lumbar/lumbosacral IV/disc. The records provided for review include mention that the injured worker did not wish to participate in physical therapy. The records also indicate the injured worker has completed 9 sessions of physical therapy, but dates are not specified. There are no physical therapy notes included nor evidence that this treatment was attempted. There is no history of surgery. Much of the documentation provided for review is hand written and is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Based on the clinical documentation available for review, the request for physical therapy 12 sessions is not recommended as medically necessary. The request does not specify the area of concentration for the physical therapy and the records provided for review indicate the injured worker is resistant to this treatment option. Active therapy requires an internal effort by the individual to complete a successful exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. At this time, records do not indicate the patient is willing to comply and there are no records provided that reflect an active home treatment program. Based on the documentation supplied, medical necessity is not recommended.