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| Case Number: | CM14-0042086 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 12/11/2012 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

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 Nevada. 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 records, presented for review, indicate that this 32-year-old female was reportedly injured on December 11, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 4, 2014, indicated that there were ongoing complaints of low back pain. It was also noted that the entire department had been "laid off recently," and that the injured employee is now attending school. The physical examination demonstrated an individual in no acute distress. A normal gait pattern was noted. There was tenderness to palpation of the lower lumbar spine. Motor strength was 5/5 bilaterally, and no sensory losses reported. Straight leg raising was noted to be negative. Diagnostic imaging studies objectified ordinary disease of life degenerative disc disease. Previous treatment included conservative care, medicines, physical therapy. A request was made for additional physical therapy and was not certified in the pre-authorization process on March 18, 2014. It was noted that a modification of the request was forwarded at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12, Lower back area, Lumbar and /or sacral Vertebrae: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Lumbar)Lumbar strains and strains.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 288.

Decision rationale: The records reflect that 14 sessions of physical therapy have been completed in treating this compensable event. Furthermore, additional physical therapy to assist the transition to home exercise protocol was also noted. Thus, when taking the consideration the date of injury, the current physical examination findings, the metaphysical therapy order completed and by the ACOEM Guidelines, there was no medical necessity for additional formal physical therapy at this time. It should be noted, the injured worker is a full-time student and transition into a home exercise program is all that is supported.