

Case Number:	CM14-0049014		
Date Assigned:	09/12/2014	Date of Injury:	01/10/2014
Decision Date:	10/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 58 year old female whose date of injury is 01/10/2014. The mechanism of injury is described as a fall. CT of the lumbar spine revealed no fracture. Diagnoses are lumbar spine sprain/strain, medial epicondylitis and wrist pain. Treatment to dates includes 6 visits of physical therapy. Progress note dated 03/04/14 indicates the injured worker reports 50% reduction in pain with physical therapy. There is tenderness to palpation in the paraspinous musculature. There are no neurological deficits appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional Physical Therapy visits for the lumbar spine, two (2) times a week for three (3) weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracguides.org/LowBackDisorders>: Table 2, Summary of recommendations, Low Back Disorders, Acute Low Back Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy

Decision rationale: Based on the clinical information provided, the request for six additional physical therapy visits for the lumbar spine, two times a week for three weeks as an outpatient is not recommended as medically necessary. There is no current, detailed physical examination submitted for review documenting any remaining functional deficits. There are no specific, time-limited treatment goals provided. The injured worker's compliance with an active home exercise program is not documented. Therefore, medical necessity of the requested physical therapy is not established in accordance with the Official Disability Guidelines.