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| Case Number: | CM14-0050067 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 07/15/2011 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has a date of injury of 7/15/2011. There are diagnoses of lumbar radiculopathy, disc disease and internal derangement of the knee. Prior treatment has included lumbar surgery. He received only 1 post-operative Physical Therapy session because of a wound infection. He is now 8 months post-op and a request is submitted for Physical Therapy 2 x 4.

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 four (4) lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends Physical Therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical Therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. As the claimant is 8 month post-op, post-op physical therapy recommendations do not directly apply. However, the medical records contain sufficient

documentation of limitations to indicate a medical need for a trial of Physical Therapy. Physical Therapy 2x4 is medically indicated.