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| Case Number: | CM14-0050915 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/24/2000 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 Arizona. 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 56-year-old male. The date of injury is 8/24/2000. The worker apparently slipped and fell injuring the right knee. Arthroscopy on 11/8/2013 on the knee is documented. Medical records provided are scanty and describe principally post-surgical physical therapy treatment of the right knee though lumbago is listed as a diagnosis on the physical therapy records. However there is no medical history regarding the back, injury to the back, outcome of prior treatment to the back etcetera. None of the physical therapy records provided describe any prior or recent treatment for the back. There is mention of but no documentation of physical therapy from April to May 2013 for the back with apparent improvement in symptoms after eight physical therapy sessions. Request is for eight physical therapy sessions for lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks (8 Sessions) for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The date of the injury according to records was August 24, 2000. The injured worker fell. There is no documentation in the records provided of the mechanism of injury to the back or description of prior treatments either with home exercises, physical therapy or medication. The patient's symptoms by definition are chronic if related to the 2000 fall. He apparently had eight therapy sessions from April to May 2013 for the back with 60-70% improvement. The 2009 MTUS guidelines recommend 8-10 physical therapy treatments for pain fading from 3 to 1 per week followed by self-directed home treatment. Medical necessity for additional therapy is not met.