

Case Number:	CM14-0051062		
Date Assigned:	07/07/2014	Date of Injury:	03/07/2013
Decision Date:	08/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/18/2014

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 Illinois. 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:

This is a 58-year-old male with a date of injury of 11/20/13. The patient was first evaluated at [REDACTED] on 12/6/13. The mechanism of injury was carrying a 100 pound bag of sand from the first floor to the third floor. The patient presented with tenderness at the left groin without any exam findings that were definitive for a hernia. The pain persisted, and a surgery consult was recommended. This was done, and the surgeon recommended a CT of the abdomen to rule out a hernia. The CT came back with no evidence for hernia. With this result, the surgeon recommended conservative measures including medications and therapy. Due to persistent symptoms, a referral to a pain/physical medicine and rehabilitation doctor was recommended. On 1/14/14, the patient changed primary treating physicians, and went from care at [REDACTED] to [REDACTED]. On this initial evaluation, the new primary treating physician noted the history suggestive of hernia, but also notes that there is no visual or palpatory evidence of hernia. He documents that he does not know if diagnostic testing has been done, and if any imaging has been done to rule out hernia, he requested that these be forwarded for review. Subsequent notes do not document that the prior abdominal CT was reviewed. The patient presented on 3/17/14 with 10/10 testicular pain and 3/10 back pain. Toradol, abdominal ultrasound, urinalysis, and Ibuprofen were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 5 weeks #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Pain (Chronic) and ODG Physical Therapy Guidelines.

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

Decision rationale: The California MTUS guidelines recognize that active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Given the information provided, there is insufficient evidence to determine appropriateness of physical therapy to warrant medical necessity.