

Case Number:	CM14-0067889		
Date Assigned:	07/21/2014	Date of Injury:	08/23/2013
Decision Date:	08/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 female with an original industrial injury on August 23, 2012. The patient had become tangled in shrink wrap and sustained a fall, landing on her knees. The covered body regions include the knees and lumbar spine. Conservative treatments to date have included back braces, pain medications, physical therapy to the knees and lumbar spine, and chiropractic. A utilization review determination had noncertified the request for an additional course of physical therapy for the lumbar spine. The stated rationale was that the patient had at least 9 physical therapy sessions to knees and back since date of injury, and there was a lack of objective clinical evidence for improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: A physical therapy progress note on date of service September 27, 2013 specifies that the patient's pain level is a 10 out of 10 and the pain is unchanged. The range of

motion was also noted to be unchanged in the assessment section. The plan was for a home exercise program. The California Medical Treatment and Utilization Schedule recommends continuation of physical therapy if there is documentation of functional improvement. The submitted records do not indicate that the patient had functional improvement, such as a change in work status or improvement in activities of daily living. The request for Physical Therapy is not medically necessary.