

Case Number:	CM14-0073292		
Date Assigned:	07/16/2014	Date of Injury:	01/04/2013
Decision Date:	10/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with an injury date on 01/04/2013. Based on the 04/21/2014 progress report provided by [REDACTED], the diagnoses are: 1. Radiculitis 2. Lumbar Sprain/strain According to this report, the patient complains of persistent pain in the lower back over the buttock and pelvis area; and sharp pain in the plantar left foot. The patient rated the pain as a 10/10. The 01/17/2014 report indicates the patient injured her upper and lower back after "tumbled down 11 stairs before hitting the bottom of the stairs" on 01/05/2014. The patient was prescribed therapy; "therapy improved some of her symptoms." Physical exam reveals tenderness to palpation over the right elbow tip olecranon, lateral epicondyle, and over the right costovertebral angle. There were no other significant findings noted on this report. The utilization review denied the request on 04/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2013 to 06/09/2014.

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 2 weeks, lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Excessive Therapy Page(s): 98, 99.

Decision rationale: According to the 04/21/2014 report by [REDACTED] this patient presents with persistent pain in the lower back over the buttocks and pelvis area; and sharp pain in the plantar left foot. The treating physician is requesting physical therapy (core stabilization and trunk strengthening) 2 times a week for 2 weeks for the lower back but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states the injured worker has had 6 authorized sessions on 01/28/2013 and an additional 8 certified on 03/22/2013. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient has had physical therapy after the injury on 01/05/2014. Time frame and number of sessions completed for these treatments is not clear. There is no discussion regarding the patient's progress on any of the reports. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the treating physician does not discuss the patient's treatment history or the reasons for the requested additional therapy. The request is not medically necessary.