

Case Number:	CM14-0084648		
Date Assigned:	07/21/2014	Date of Injury:	02/28/2014
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 58-year-old male who reported an injury on 02/28/2014. The injured worker reportedly slipped while reaching into his vehicle to move a box. The current diagnosis is back pain. The injured worker was evaluated on 05/12/2014 with complaints of persistent left wrist pain and low back pain. The current medication regimen includes Lexapro, Norco, and Soma. Physical examination revealed improved lumbar range of motion, negative straight leg raising, trace knee and ankle reflexes, and normal femoral and pedal pulses bilaterally. Treatment recommendations included physical therapy 3 times per week for 4 weeks. A Request for Authorization Form was then submitted on 05/13/2014 for a physical therapy evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Physical therapy evaluation and treatment for the lumbar spine, 1 visit, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Low Back: Table 2, Summary of Recommendations.Low Back Disorders](https://www.acoempracguides.org/Low%20Back%20Table%202,%20Summary%20of%20Recommendations.Low%20Back%20Disorders).

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker does not demonstrate a significant functional limitation upon physical examination. It is also unclear whether the injured worker has previously participated in physical therapy. The total amount of completed sessions to date as well objective functional improvement was not mentioned. The current request for a physical therapy evaluation and treatment cannot be determined as medically appropriate. There is no frequency of treatment or total quantity of sessions listed in the request. As such, the request is not medically appropriate.