

Case Number:	CM14-0086122		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2006
Decision Date:	09/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Medicine and is licensed to practice in Texas. 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 38 year old female whose date of injury is 09/19/2006. The injured worker hit her left knee on the seatbelt metal bracket. Progress note dated 05/22/14 indicates that the injured worker reports low back pain rated as 7/10. On physical examination there is decreased flexion of the lumbar spine. Diagnoses are chondromalacia left knee and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear how many physical therapy visits the patient has completed to date. The injured worker's compliance with an active home exercise program is not documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California Medical Treatment

Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.