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| Case Number: | CM14-0092616 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/07/2013 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 Nevada. 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 records presented for review indicate that this 60 year old female was reportedly injured on 10/7/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 7/16/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination demonstrated lumbar spine positive tenderness to palpation of the cervical and lumbar spine and decreased range of motion. The physical exam was handwritten and partially illegible, and the additional findings on physical exam were unable to be interpreted. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for physical therapy of the cervical and lumbar spine two times a week for six weeks twelve and was not certified in the preauthorization process on 6/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of ten visits. The claimant has chronic complaints of neck and low back pains. After review of the medical records provided, it is noted the injured worker does have limited function and pain in the body parts listed above. Guideline recommendations state an initial trial of six sessions to determine improvement in function and decrease in pain. Currently, the treating physician has requested twelve visits of physical therapy. This initial recommendation exceeds guideline recommendations. Therefore, the current request is deemed excessive and is not medically necessary.