

Case Number:	CM14-0092954		
Date Assigned:	07/25/2014	Date of Injury:	07/14/1995
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 57 year old with an injury date on 7/14/95. Based on the application for independent medical review dated 6/18/14, the diagnosis is displacement lumbar disc without myelopathy. There was no physical exam provided in the included documentation. [REDACTED] is requesting 12 initial physical therapy for the right upper leg, 2 times a week for 6 weeks as an outpatient. The utilization review determination being challenged is dated 6/16/14. [REDACTED] is the requesting provider, and no treatment reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial Physical Therapy for the right upper leg, 2 times a week for 6 weeks, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

Decision rationale: The patient's subjective pain was not included in the documentation. The physician has asked for 12 initial physical therapy visits for the right upper leg, 2 times a week for 6 weeks as an outpatient but the date of the request is not known. It is not known if patient has had prior physical therapy, or prior surgical interventions. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the physician has asked for 12 physical therapy sessions that appears to exceed MTUS guidelines for this patient's condition. Therefore, the request for 12 initial physical therapy visits for the right upper leg, 2 times a week for 6 weeks, as an outpatient is not medically necessary and appropriate.