

Case Number:	CM14-0095723		
Date Assigned:	07/25/2014	Date of Injury:	11/16/1998
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/23/2014

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:

This case involves a 58 year old female who sustained an injury on 11/16/1998. The Primary Treating report dated 06/03/2014 was not completed or legible, however, does appear the physician is requesting a 6-month gym membership. According to the report dated 04/22/2014, the injured worker has carpal tunnel syndrome, scoliosis of the lumbar and neck symptoms. There are some handwritten physical therapy notes with entry dated of 05/29/2014 that states they faxed a request for 12 additional visits. On 06/16/2014 the utilization review denied the request for the 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy for low back for 12 sessions as outpatient (Total of 18 Sessions):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com Section Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) MTUS pg 98-9 of 127, Page(s): 98-99 OF 127.

Decision rationale: The available records do not mention any recent surgical procedures, therefore, the MTUS chronic pain guidelines apply. The guidelines recommend 8-10 sessions of physical therapy sessions for various myalgias or neuralgias. The request for 12 sessions of physical therapy will exceed the MTUS guideline recommendations therefore, the request is not medically necessary.