

Case Number:	CM14-0098004		
Date Assigned:	07/28/2014	Date of Injury:	02/08/2013
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 male was reportedly injured on February 8, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of low back pain. There are no complaints of radicular pain. Current medications include naproxen, Prilosec, Neurontin, and Glucosamine. The physical examination demonstrated tenderness and trigger points along the lumbar spine, decreased lumbar spine range of motion, and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and home exercise. A request was made for physical therapy twice a week for three weeks for the lumbar spine and was not certified in the preauthorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy, Updated August 22, 2014.

Decision rationale: According to the medical record the injured employee has participated in twenty two visits of physical therapy for the lumbar spine. This far exceeds the official disability guidelines recommendation for ten visits. Additionally the injured employee is stated to be participating in home exercise. For these multiple reasons, this request for physical therapy twice a week for three weeks is not medically necessary.