

Case Number:	CM13-0008785		
Date Assigned:	10/11/2013	Date of Injury:	05/15/2000
Decision Date:	03/27/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 50 year-old female with a 5/15/2000 industrial injury claim. According to the 7/9/13 report from Dr. [REDACTED], she presents with low back pain, and limited walking. She has obvious scoliosis. She has been diagnosed with lumbar sprain/strain; shoulder/pelvic obliquity/scoliosis; and deconditioned status. On the 7/30/13 supplemental report, Dr. [REDACTED] discusses a phone conversation with Dr. [REDACTED] for PT x6 that was requested on 6/27/13. On 7/31/13, UR denied the request for PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy, 6 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with lower back pain, and deconditioned status. There is no recent history of PT documented. The MTUS guidelines recommend up to 8-10 visits of

therapy for various myalgias and neuralagias. The request for 6 sessions of PT appears to be in accordance with the MTUS guidelines. Therefore, this is medically necessary.