

Case Number:	CM13-0048726		
Date Assigned:	04/02/2015	Date of Injury:	04/13/2011
Decision Date:	05/01/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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, Pain Management

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 injured worker is a 26 year old, male, who sustained a work related injury on 4/13/11. The diagnoses have included lumbar discogenic pain with intermittent radiculopathy and right hip pain. Treatment has included medications. In the Qualified Medical Examiner report dated 7/5/13, the injured worker complains of low back pain. He has some difficulties with performing activities of daily living. The treatment plan for this report was none. The requested treatment of physical therapy for right hip and lumbar spine is not noted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical therapy visits, 2x8 weeks, for right hip & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6-visit trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, it is unclear whether the patient has previously undergone physical therapy. If not, the current number requested exceeds the number recommended as a trial by guidelines. If the patient has undergone previous therapy, there is no documentation of objective functional improvement from the previous therapy sessions, and no description of how many sessions of been provided in order to determine if the patient has reached the maximum number recommended by guidelines. In the absence of clarity regarding those issues, the current request for physical therapy is not medically necessary.