

Case Number:	CM14-0001252		
Date Assigned:	01/22/2014	Date of Injury:	05/12/2003
Decision Date:	02/05/2015	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 Rehab 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 injured worker is a 61-year-old male who reported an injury on 05/12/2003. The mechanism of injury reportedly occurred when the patient climbed off a truck and twisted on uneven ground, while donning his turnout and Scott air pack. His diagnoses were noted to include unspecified arthropathy of the pelvic region and thigh, and lumbosacral spondylosis without myelopathy. Past treatments included exercises. On 05/13/2013, the injured worker complained of continued pain and flare ups. The patient reported that his pain level was a 5/10, but goes up to a 9/10 with a bad flare up. Physical examination revealed the patient has a waddling gait and shows difficulty getting in and out of his chair. His current medications were not noted. The treatment plan included work modifications and a followup. The request was received for physical medicine and physical therapy 2 to 3 times a week for w/e weeks to include bicycling and swimming, back, and hip. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine & physical therapy 2 - 3 times a week for we weeks to include bicycling and swimming, back and hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for physical medicine & physical therapy 2 - 3 times a week for we weeks to include bicycling and swimming, back and hip is not medically necessary. California MTUS Guidelines recommend up to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. However, there is no documentation of physical evaluation 05/13/2013, to indicate current functional deficits. There is also no documentation to indicate if the injured worker has had previous physical therapy, and if there was functional improvement gained. In addition, the request as submitted does not specify the exact amount of sessions requested. Therefore, the request is not medically necessary.