

Case Number:	CM14-0170922		
Date Assigned:	10/23/2014	Date of Injury:	07/06/2013
Decision Date:	01/29/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 34 year old male who had a work injury dated 7/6/13. The diagnoses include cervical and thoracolumbar sprain. Under consideration are requests for physical therapy to the back. There is a 10/1/14 QME that states that the patient states that over the last couple of years he has noted progressive lower back pain with wearing, a duty belt and repetitively getting in and out of his patrol vehicle. He states that he was a detective for about four and one half years and then returned to modified duty. With the patrol duty, causing him to wear a duty belt again, he had increasing pain in his lower back. He reported his symptoms as a cumulative trauma injury to July 6, 2013. He was sent to an occupational medicine facility for care. The patient was seen by a physician who recommended physical therapy. It had not yet been approved when he was involved in a motor vehicle accident on August 1, 2013. He had a headache after the accident and went home. The following day he noted increasing pain in his neck, mid and lower back. He sought care at a local emergency room where he was given medications. He was off work for one day and then returned to modified duty after about two weeks. He had a course of physical therapy which provided only minimal improvement. The patient states that he was off work in August of 2014 for one to two weeks due to persistent back pain. He has been at full duty since then.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the back: Upheld

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

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

Decision rationale: Physical Therapy to the back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request as written does not indicate a quantity. Additionally the documentation indicates that the patient has had prior therapy with minimal improvement. It is unclear why the patient cannot participate in a self-directed home exercise program. The request for physical therapy to the back is not medically necessary.