

Case Number:	CM14-0185825		
Date Assigned:	11/13/2014	Date of Injury:	08/21/2010
Decision Date:	02/25/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 47 year old male with date of injury 08/21/10. The treating physician report dated 10/09/14 (49) indicates that the patient presents with pain affecting his low back and foot. The physical examination findings reveal that the patient's gait and movements are within baseline for their level of function. The patient's other areas appeared to be within their typical presentation. Prior medical treatment includes acupuncture and physical therapy for an unknown amount of visits. The current medications the patient is prescribed are Naproxen, Omeprazole, Orphenadrine, Venlafaxine, and Norco. The current diagnoses are: 1. Closed fracture of unspecified vertebra without spinal cord injury. 2.Thoracic or Lumbosacral Neuritis or Radiculitis not otherwise specified. 3.Myalgia and Myositis not otherwise specified. 4.Osteoarthritis. 5.Depressive Disorder. 6.Lumbago. 7.Sleep Disturbance. The utilization review reported dated 10/27/14 (5) denied the request for Physical Therapy based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The patient presents with low back and foot pain. The current request is for Physical therapy once a week for eight weeks. The treating physician indicates, "As stated above, the patient benefitted from acupuncture and PT...PT and acupuncture tx sessions will give reduction in pain." The MTUS guidelines allow 8-10 therapy visits. In this case, the patient had previously received Physical Therapy for an undetermined amount of sessions. Patient was approved for first round of PT prior to August 14, 2014 (35). The current request would exceed the maximum amount allowed by the MTUS guidelines and it is not medically necessary.