

Case Number:	CM14-0196863		
Date Assigned:	12/15/2014	Date of Injury:	02/01/2012
Decision Date:	03/26/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 sustained an industrial injury on February 1, 2012. The diagnosis is not provided. Currently, the injured worker complains of low back pain with radiating down the right leg. In a progress note dated October 23, 2014, the provider recommends a trial of physical therapy. On November 14, 2014 Utilization Review non-certified a physical therapy twelve visits, two times six weeks lower back, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request is for 12 physical therapy visits. MTUS, Chronic Pain, Physical Medicine allows for a maximum of 9 to 10 physical therapy visits. The requested 12 visits

exceeds the maximum number of visits allowed. Also, the injury was on 02/01/2012 and this requested course of physical therapy is not the first course for this patient. The purpose of physical therapy according to the ACOEM guidelines is for instruction in a home exercise program and by this point in time relative to the injury the patient should have been transitioned to a home exercise program since there is no objective documentation of superiority of continued formal physical therapy over a home exercise program.