

Case Number:	CM14-0218751		
Date Assigned:	01/08/2015	Date of Injury:	06/03/2014
Decision Date:	04/02/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male who reported an injury on 06/03/2014. The mechanism of injury was the injured worker was lifting a box of chicken and heard a cracking sound in his back. The injured worker was noted to undergo 14 sessions of physical therapy. The physician documentation was dated 06/06/2014. The documentation indicated that the injured worker had normal x-rays. The diagnoses included lumbar disc displacement. The treatment plan included physical therapy 3 times a week for 2 weeks. The medications included naproxen 500 mg and omeprazole 20 mg capsules, a heating pad, cold packs, and a lumbar spine support. The injured worker indicated when he sits for a while he feels left leg numbness. There was nonfocal decreased sensation in the left leg to light touch. Physical therapy was recommended to recover and facilitate stabilization. There was no other physician documentation more recent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks for the low 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: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was no subsequent Request for Authorization submitted for review for additional physical therapy. The request failed to indicate the date of requested treatment. Given the above, the request for physical therapy twice a week for 3 weeks for the low back is not medically necessary.