

Case Number:	CM15-0000394		
Date Assigned:	01/09/2015	Date of Injury:	12/28/2013
Decision Date:	03/16/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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: Pennsylvania, Ohio, California
 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(n) 64 year old male, who sustained an industrial injury on December 28, 2013. He has reported low back pain. The diagnoses have included lumbar disc bulge, right leg denervation and radiculopathy and right knee strain. Treatment to date has included electromyogram, x-ray, magnetic resonance imaging (MRI), physical therapy and oral medications. Currently, the IW complains of low back pain radiating down right leg with numbness and tingling in hip, knee and foot. Oral medication is said to lower pain with medication. It is felt physical therapy will help increase his range of motion (ROM). On December 2, 2014 Utilization Review non-certified a request for physical therapy 2 times a week for 6 weeks for the low back, noting the lack of documentation of functional improvement and no evidence of education on independent therapy. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were cited. On January 2, 2015, the injured worker submitted an application for IMR for review of physical therapy 2 times a week for 6 weeks for the low back.

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 for the low back: Upheld

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

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

Decision rationale: This is a chronic case in which the patient previously attended at least 9 sessions of physical therapy. MTUS anticipates that the patient would have transitioned to an independent active home rehabilitation program by the timeframe under review. The records do not document a rationale instead for additional supervised therapy rather than independent home exercise for the stated therapy goals. Therefore this request is not medically necessary.