

Case Number:	CM15-0133902		
Date Assigned:	07/22/2015	Date of Injury:	12/19/2013
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: California, Hawaii
 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 44 year old female, who sustained an industrial injury on 12/19/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain and lumbar sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/26/2015, the injured worker complains of low back pain, radiating to the left lower extremity. Physical examination showed less muscle spasm with left sided limping and listing. The treating physician is requesting 3 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 additional physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the attending physician report dated 6/11/15, the patient reports an achy back half way through the day. The current request is for 3 additional physical therapy visits. The attending physician report dated 6/11/15, page 22 (b), states the patients back is doing much better and that she has one more physical therapy visit and 1 more acupuncture visit. The CA MTUS guideline does recommend physical medicine and allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For Myalgia and myositis, unspecified: 9-10 visits over 8 weeks are recommended. In this case, the treating physician offers no explanation as to why 3 additional treatment visits are necessary. The guidelines do recommend a transition into active self-directed home exercise. The patient has one more visit which should be used for transition into home exercise and the total number of completed PT visits is not documented. The available records do not support medical necessity for the request of three additional physical therapy visits.