

Case Number:	CM15-0136435		
Date Assigned:	07/24/2015	Date of Injury:	08/29/2012
Decision Date:	08/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year-old male who sustained an industrial injury on 08/29/12. He reported back pain. Current diagnoses include lumbago, and sprain of lumbar spine. Diagnostic testing and treatment to date has included physical therapy, and symptomatic medication management. In a progress note dated 06/10/15 the injured worker has made significant gains with physical therapy, and reports no need for further physical therapy sessions. He reports only minimal pain when he has to bend to his side to pick up heavy items from the floor abruptly. He is able to do his duties at work and has no other complaints. Requested treatments include additional physical therapy 2 x 3. The injured worker's status is permanent and stationary. Date of Utilization Review: 07/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2012 and continues to be treated for low back pain. As of 06/10/15 he had completed 12 physical therapy treatments and had made significant gain. He was able to perform his job duties and reported not needing further therapy. When seen one day later, 6 additional sessions of physical therapy were requested. The claimant is being treated for chronic pain with no new injury and has already completed recent physical therapy sessions as described above. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. The request is not medically necessary.