

Case Number:	CM15-0023689		
Date Assigned:	02/13/2015	Date of Injury:	04/11/1994
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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 61-year-old male who reported an injury on 04/11/1994. The mechanism of injury was unspecified. His diagnoses include piriformis syndrome causing sciatica. His past treatments include chiropractic care. His relevant medications were not noted for review. On 12/17/2014, the injured worker complained of left buttock pain. The physical examination revealed subjective pain on palpation at the left medial gluteal area and slightly inferiorly. His hip rotation was indicated to be intact with no symptoms of hip joint issues otherwise the left extremity exam was noted to be unremarkable. The treatment plan included outpatient physical therapy for the lumbar 3 times a week for 6 weeks. A rationale is not provided. The Request for Authorization form was submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy lumbar 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for outpatient physical therapy lumbar 3 times a week for 6 weeks is not medically necessary. According to the California MTUS guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks in order to promote functional improvement. The injured worker was indicated to have sciatica. However, there was lack of documentation in regards to the number of previous physical therapy sessions completed as this injury date was noted to be in 1994. In addition, there was lack of documentation in regards to functional deficits such as range of motion and motor strength upon examination. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.