

Case Number:	CM15-0028411		
Date Assigned:	02/20/2015	Date of Injury:	06/05/2007
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old female sustained an industrial injury on 6/5/07. She subsequently reports low back pain with radiation to her lower extremities. Diagnoses include lumbago. The injured worker has undergone lumbar spine and right shoulder surgeries. Treatments to date have included physical therapy and prescription pain medications. On 1/16/15, Utilization Review non-certified a request for Twelve (12) physical therapy visits for the lumbar spine. The Twelve (12) physical therapy visits for the lumbar spine request was denied based on CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits for the lumbar spine: 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.

Decision rationale: Guidelines recommend up to 34 visits over 16 weeks for post surgical treatment. In this case, the patient had attended 27 physical therapy sessions. However, clinical documentation failed to note objective functional progress from these sessions. Thus, continued physical therapy as part of this request is not medically necessary and appropriate.