

Case Number:	CM15-0038124		
Date Assigned:	03/06/2015	Date of Injury:	01/17/2013
Decision Date:	05/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/28/2015

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 46-year-old male who reported an injury on 01/17/2013. The mechanism of injury was not stated. The current diagnoses included lumbosacral disc degeneration, shoulder sprain, and plantar fibromatosis. The only clinical note submitted for review is documented on 09/03/2014. The injured worker presented for a follow-up evaluation, with complaints of low back pain as well as left shoulder pain. There was no physical examination provided on the requesting date. The injured worker was issued a prescription for a back brace, Duexis, and Lidoderm patch. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (unspecified): 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 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific quantity or duration of treatment listed in the request. There is also no specific body part listed in the request. Given the above, the request is not medically appropriate at this time.