

Case Number:	CM15-0040331		
Date Assigned:	03/10/2015	Date of Injury:	04/02/2013
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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 (IW) is a 49-year-old male who sustained multiple traumatic industrial injuries on 04/02/2013. Diagnoses include burst fracture of L4 and low back pain. Treatment to date has included medications, spinal fusion, occupational and physical therapy and H-wave unit. Diagnostics performed to date included CT scans, x-rays and MRIs. According to the progress notes dated 11/13/13, the IW reported constant aching low back pain without radiation. The IW was now able to walk with a walker. A request was made for physical therapy twice weekly for six weeks for the lumbar spine due to the severity of his injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment, Physical Therapy Guidelines. 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 is more than 2 years status post work-related injury and continues to be treated for the residual effects of multi-trauma after falling 30 feet with multiple fractures. Surgeries included a lumbar decompression and fusion, ORIF of the right elbow and right tibia, and a right forefoot reconstruction. He continues to be treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested for the lumbar spine is in excess of that recommended and therefore not medically necessary.