

Case Number:	CM15-0048521		
Date Assigned:	03/20/2015	Date of Injury:	09/10/2009
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 56 year old male who sustained a work related injury on September 10, 2009. He complained of back, neck, shoulder and buttock injuries after a fall. He underwent a lumbar spinal fusion, cervical spinal fusion and knee surgery. He was diagnosed with lumbar discogenic disease, lumbar stenosis, left shoulder impingement syndrome, bilateral knee derangement and carpal tunnel. Treatment included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and pain medications. Currently, the injured worker complained of continued knee and back pain. The treatment plan that was requested for authorization included physical therapy.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate PT eval for the lumbar spine with physical examination noting pain. MTUS supports PT for identified deficits with goals of therapy. The medical records support the presence of pain but does not indicate any strength deficits or ROM deficits. There is no indication of identified goals of physical therapy or indication for which the insured is not able to do self directed program. As such the medical records do not support PT congruent with MTUS guidelines. The request is not medically necessary.