MAXIMUS Federal Services

Case Number:	CM15-0048697		
Date Assigned:	03/20/2015	Date of Injury:	02/27/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 30-year-old male who sustained an industrial injury on 2/27/14 when he caught merchandise slipping from a lumber cart coming toward him. He immediately developed a large bruise on his anterior thighs and a tight pain in his low back. He currently complains of mid back pain and stiffness. He has sleep disturbances due to pain. Medications included Baclofen, Ibuprofen, and hydrocodone. Diagnoses include thoracic pain; lumbar pain; bilateral sacroiliac joint pain. Treatments to date include chiropractic therapy, electrical stimulation which was helpful. Diagnostics include x-ray of thoracic spine (10/3/14); MRI of the thoracic spine (1/9/15); x-ray of the lumbar spine (10/9/14). In the progress note dated 2/27/15 the treating providers plan of care included a request for six physical therapy sessions previously requested 2/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had undergone an unknown amount of therapy sessions in the past. There is no indication that continued therapy sessions cannot be performed at home. According to the ACOEM guidelines, physical therapy is for education and counseling with subsequent therapy to be performed in a home exercise program. Based on the guidelines and clinical information provided, the 6 additional sessions of therapy are not medically necessary.