

Case Number:	CM15-0049001		
Date Assigned:	03/20/2015	Date of Injury:	10/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 28 year old male, who sustained an industrial injury on 10/9/2013. He reported low back pain due to repetitive motions of lifting boxes. The injured worker was diagnosed as having lumbar radiculopathy, lumbago and lumbar myofascial strain. There is no record of a recent diagnostic study in the last year. Treatment to date has included acupuncture, chiropractic care and medication management. Currently, the injured worker complains of low back pain. In a progress note dated 2/4/2015, the treating physician is requesting 16 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 8 QTY 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: Physical Therapy 2 x 8 QTY 16 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with a transition to an independent home exercise program. The documentation does not reveal extenuating circumstances, which would require 16 supervised therapy visits. Additionally, the request does not specify a body part. For all of these reasons 16 visits of physical therapy are not medically necessary.