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| Case Number: | CM15-0049683 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 06/08/2001 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/10/2015 |
| 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: 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 is a 72 year old female, who sustained an industrial injury on June 8, 2001. The injured worker was diagnosed as having lumbar spine degenerative disc disease. Treatment to date has included bracing, cortisone injections, and medication. Currently, the injured worker complains of mid back burning and right leg pain after riding approximately 70 miles, both legs weak with fall one week prior with injury to the left arm. The Treating Physician's report dated February 9, 2015, noted poor range of motion (ROM) of the lumbar spine, with bilateral SI/ lumbar spine paraspinal muscle spasms. The treatment plan included continuing pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visit #18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment for Workers Compensation, Online Edition, Chapter Low Back: Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Forearm, Wrist, & Hand, physical therapy.

Decision rationale: The claimant has a remote history of a work-related injury in 2001 and continues to be treated for chronic back pain, increased after prolonged riding and left arm pain after a fall without identified specific diagnosis. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. Physical therapy for an arm sprain/strain would be expected to include up to 9 treatment sessions over 8 weeks. Although concurrent care for the back and arm would not be expected, the total number of visits requested is in excess of that recommended and therefore not medically necessary.