

Case Number:	CM15-0059535		
Date Assigned:	04/06/2015	Date of Injury:	02/17/2014
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on 02/17/2014. He has reported subsequent back, right hip and right knee pain and was diagnosed with lumbar spine, right hip and right knee sprain/strain. Treatment to date has included oral pain medication, TENS unit and a home exercise program. In a progress note dated 02/02/2015, the injured worker complained of mild right hip, knee and low back pain. Objective findings were notable for tenderness to palpation of the right hip. A request for authorization of 6 visits of physical therapy of the lumbar spine, right hip and right knee was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, right hip and right knee, 6 visits: Upheld

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

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

Decision rationale: Guidelines state that physical therapy may be indicated for lumbar pain. However, the medical records do not contain documentation of the effectiveness of previous 8 physical therapy sessions. In addition, the requested sessions would exceed the maximum allowance under the guidelines with expectations that the patient would continue home activities to maintain improvement levels. Thus, the request for 6 physical therapy sessions is not medically appropriate and necessary.