

Case Number:	CM15-0087794		
Date Assigned:	05/12/2015	Date of Injury:	06/18/2010
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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: California

Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on 6/18/2010. He reported cumulative injury to the lower back. The injured worker was diagnosed as having lumbar sprain with chronic degenerative disc disease. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, physiotherapy and medication management. In a progress note dated 2/23/2015, the injured worker complains of chronic low back pain. The treating physician is requesting a primary treating physician progress report and transcription.

IMR ISSUES, DECISIONS AND RATIONALES

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

PTP (primary treating physician) Progress Report and Transcription: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Code of Regulations: Reporting Duties of the Primary Treating Physician.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 34-37.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses recordkeeping. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 2 General Approach to Initial Assessment and Documentation indicates that an adequately documented, legible report is essential for accurate billing and legal purposes. Incomplete or illegible recording for billing purposes can lead to inaccurate coding, billing, insufficient reimbursement, and loss of reimbursement. The primary treating physician's PTP progress report dated 02-23-2015 is a handwritten document. PTP progress report and transcription was the requested service. Per ACOEM, an adequately documented, legible report is essential for accurate billing and legal purposes. Incomplete or illegible recording for billing purposes can lead to inaccurate coding, billing, insufficient reimbursement, and loss of reimbursement. Therefore, the PTP progress report and transcription is an administrative service, not a medical service. Therefore, the request for PTP progress report and transcription is not medically necessary.