

Case Number:	CM13-0066390		
Date Assigned:	01/24/2014	Date of Injury:	05/14/2012
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 5/14/12. The mechanism of injury was falling approximately 20 feet. The clinical documentation submitted for review indicated that the injured worker had eight sessions of physical therapy. A DWC Form RFA dated 11/18/13 requested 8 additional sessions. The diagnosis was back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO TREAT THE THORACIC AND LUMBAR SPINE TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines recommend physical medicine with passive therapy to provide short-term relief during the early phase of the pain treatment. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the injured worker had utilized eight visits of physical medicine. There was a lack of documentation of objective functional benefit that was

received and there was a lack of documentation indicating objective functional deficits that remained. The submitted request would exceed guideline recommendations. The clinical documentation failed to indicate there were exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for additional physical therapy to treat the thoracic and lumbar spine twice a week for four weeks is not medically necessary.