

Case Number:	CM14-0109142		
Date Assigned:	08/13/2014	Date of Injury:	03/11/2013
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Nevada. 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on March 11, 2013 due to being involved in a motor vehicle incident. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of low back pain rated at 6/10. Current medications include Gabapentin. The physical examination demonstrated decreased range of motion of the lumbar spine in flexion and a negative straight leg raise test. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for physical therapy three times a week for three weeks and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

Decision rationale: A review of the attached medical record indicates that the injured employee has had previous physical therapy, however it is unknown how many visits of physical therapy were attended or the efficacy of these treatments. Also, it is unclear why the injured employee cannot participate in a home exercise program at this time. For these reasons, this request for physical therapy three times a week for three weeks is not medically necessary.