

Case Number:	CM14-0109342		
Date Assigned:	08/01/2014	Date of Injury:	12/04/2012
Decision Date:	10/14/2014	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 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:

This patient is a 47-year-old gentleman with a date of injury of 12/04/12. Mechanism of injury was being crushed by a stack of plastic that weighed approximately 3000 pounds. He sustained pelvic fracture and lumbar sprain/strain. The patient underwent knee surgery for a meniscus tear. The patient was referred for both chiropractic care and physical therapy. Submitted reports do not discuss the amount of PT completed to date. The latest report from PT was on 4/21/14. It appears that PT was treating the patient for back pain. The latest report from the PTP is on 6/17/14. The patient had completed chiropractic sessions, and had another 3 sessions left of PT. Exam on this report shows some paraspinous tenderness. There was unspecified decreased range of motion. SLR was positive on the left. There is a mild deficit in muscle strength due to guarding, but normal distal strength. Reflexes are normal and sensation is intact. This was submitted to Utilization Review with an adverse decision rendered on 6/30/14. Additional PT was denied due to lack of disclosure of total sessions completed to date and evidence of objective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (Updated 6/10/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment

Decision rationale: Guidelines recommend 8-12 sessions of PT for this type of low back diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia, ACOEM revised 2nd edition recommends 8-12 sessions of PT, and ODG recommends 9-12 sessions of PT. In this case, the patient had a significant trauma causing back injury, meniscus tear, and pelvic fractures. That said, the injury was from 2012. The patient has had an undisclosed recent number of PT sessions for the lumbar spine, but in addition, the patient has had a course of chiropractic care. Given the date of injury, lack of disclosure of the number of recent PT sessions completed to date, and lack of clear evidence of significant progression, medical necessity is not established for additional PT 2 x 4.