

Case Number:	CM14-0118579		
Date Assigned:	08/06/2014	Date of Injury:	06/29/2012
Decision Date:	09/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 43-year-old male was reportedly injured on 6/29/2012. The mechanism of injury was not listed. The claimant underwent bilateral sacroiliac joint arthrodesis on 3/10/2014. The most recent progress note, dated 7/1/2014, indicates that there were ongoing complaints of left-sided buttock and sacrum pains. Physical examination demonstrated no reproducible tenderness, lumbar spine range motion without limitation, positive FABER test on the left, tenderness over the left PSIS, negative Shear test and lateral leg raise test bilaterally, normal gait and stance, and no gross motor or sensory deficits. No recent diagnostic imaging studies available for review. Diagnosis was left sacroiliac joint pain. Previous treatment included lumbar spine surgery, physical therapy and medications. A request had been made for physical therapy #8, which was not certified in the utilization review on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS support the use of postsurgical physical therapy and recommend a maximum of 18 visits over 12 weeks. Review, of the available medical records, fails to document how many physical therapy sessions the claimant underwent after a bilateral sacroiliac joint arthrodesis on 3/10/2014. Furthermore, there is no neurological deficits documented on the last progress note's physical examination. Given the lack of documentation, this request is not considered medically necessary.