

Case Number:	CM14-0145380		
Date Assigned:	09/12/2014	Date of Injury:	07/30/2004
Decision Date:	12/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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:

The injured worker is a 38-year-old female who reported an injury on 07/30/2004. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar pain, lumbar myofascitis, and lumbar neuritis. Past medical treatments consist of chiropractic manipulation, manual therapy and mechanical traction. There were no diagnostics submitted for review. There were no progress notes or physical therapy notes submitted for review. Medical treatment plan is for the injured worker to continue with manual therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manual Therapy with re-evaluation visit: Upheld

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

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

Decision rationale: The request for manual therapy with re-evaluation visit is not medically necessary. The California MTUS state that active therapies based on the philosophy that

therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise of task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked any indication of the injured worker progressing with past manual treatment. Additionally, there were no progress notes or manual therapy notes submitted for review. Furthermore, the request as submitted did not specify how many manual therapy sessions the provider was requesting, nor did it indicate what was going to be received in the manual therapy. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.