

Case Number:	CM14-0145475		
Date Assigned:	09/12/2014	Date of Injury:	04/11/2013
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
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 Maryland and Alabama. 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:

Female patient who sustained an injury on 4/11/13 while lifting two boxes separately weighing approximately 50 lbs of auto parts from floor of a bus, carrying down stairs of the bus, into video store and sitting them on the floor. She was diagnosed with cervicalgia, lumbago. She was seen on 8/15/14 for a follow-up appointment. The examiner recommended 24 sessions of physical therapy , since she has previously had significant improvement in her symptoms related to that. Her previous physical therapy included 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 1x week, for 24 weeks to the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

Decision rationale: Patient has had previous successful physical therapy sessions with good results but there is no evidence of increased in functionality and pain relief in the medical records. Additionally, there is no evidence that the patient has been involved in an active self-

directed home exercise. Therefore, based on the guidelines and records available, this request is medically not necessary.