

Case Number:	CM14-0148563		
Date Assigned:	09/18/2014	Date of Injury:	05/14/2003
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 5/14/2003. The mechanism of the original injury is not included in the records. Current diagnoses include knee pain and sacroiliac pain. Prior treatments have included physical therapy. The current requests is for physical therapy 2 x 6 for sacro-iliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for sacroiliac joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order

to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication. OCG low back guidelines recommend 10 visits over 8 weeks for sacro-iliac sprain. In this case, the claimant has already completed 18 physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions is not medically necessary.