

Case Number:	CM14-0074067		
Date Assigned:	07/16/2014	Date of Injury:	07/31/2009
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 injured worker is a 58 year-old male who was reportedly injured on 7/31/2009. The mechanism of injury is noted as repetitive bending. The most recent progress note dated 4/22/2014. Indicates that there are ongoing complaints of low back, right knee pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation, range of motion normal with spasm. Positive straight leg raise localized low back pain at 45 on the right. Cervical spine no tenderness to palpation range of motion within normal limits. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for physical therapy of the lumbar spine 2 times a week for 4 weeks #8 and was not certified in the pre-authorization process on 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(8) Physical Therapy for The Lumbar Spine, 2 times a week for 4 weeks, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and reviews of the available medical records, fails to demonstrate a current reduction function. The injured worker underwent previous sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits, this request is not medically necessary.