

Case Number:	CM14-0153630		
Date Assigned:	09/23/2014	Date of Injury:	06/12/2013
Decision Date:	02/19/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 34 year-old male with a 6/12/13 date of injury. 6 medical reports are provided for review from 5/13/14 through 8/12/14. The 8/12/14 medical report states the patient presents with pain in the lumbosacral area. The report states the patient will be P&S on the next visit. The physician requests PT 1x/week for up to 24 visits, chiropractic care 1x/week for up to 24 visits. The computerized testing for lumbar motion on 3/26/14 and 5/12/14 show 2-degree improvement in lateral flexion, 1-degree improvement in flexion, and 2-degree worsening of extension. On 8/25/14 utilization review assessed the 8/13/14 request for authorization and denied the request for PT x10, because the patient already had 12 sessions of PT and should be well versed in home program. The 8/13/14 request for authorization was not available for this review. There are no medical reports available that discuss PT 2x5. There is a 7/7/14 RFA for chiropractic care 2x5 including some of the modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

(3) Physical therapy of Diathermy, EMS, ultrasound, and massage therapy twice a week for five weeks (10 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is for physical therapy of Diathermy, EMS, ultrasound, and massage therapy twice a week for five weeks (10 sessions). The provided records do not contain medical reports that correspond to the request. The utilization review letter dated 8/25/14, states the patient has already had 12 sessions of physical therapy. The computerized testing for lumbar motion on 3/26/14 and 5/12/14 show under 2-degree change in motion which is not significant per the AMA guides that the physician referenced. The available records do not document subjective or objective functional improvement with the prior therapy. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state those 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The patient previously had 12 sessions of therapy without functional improvement. The request for 10 additional sessions will exceed the MTUS recommendations. The request for (3) physical therapy of Diathermy, EMS, ultrasound, and massage therapy twice a week for five weeks (10 sessions) is not medically necessary.