

Case Number:	CM14-0218586		
Date Assigned:	01/08/2015	Date of Injury:	12/25/1981
Decision Date:	05/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 71 year old male with a work related injury dated 12/25/1981. Mechanism of injury not noted in recent medical records. According to a primary treating physician's reports dated 10/01/2014 and 10/22/2014, the injured worker presented with complaints of increased pain and spasms in his back that radiates into his legs at times. Diagnoses included osteoarthritis of the lumbar spine with bilateral radicular pain and combination facet arthrosis and instability. Treatments noted include Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, and medications. Diagnostic testing stated no changes on bilateral femur, lumbar spine, pelvis, and bilateral hip x-rays. Work status is noted as retired. On 12/03/2014, Utilization Review denied the request for Physical Therapy 3 x 6 citing Official Disability Guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 2013, Low Back.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for the treatment of myalgia myositis and radiculitis and radiculopathy for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone 18 sessions of physical therapy. There was a lack of documentation of the objective functional benefit that was received from prior therapy. The request as submitted failed to indicate the body part to be treated with the therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Physical Therapy 3x6 is not medically necessary.