

Case Number:	CM14-0098002		
Date Assigned:	07/28/2014	Date of Injury:	01/16/2013
Decision Date:	04/23/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 1/16/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having thoracic sprain/strain, lumbosacral sprain/strain and history of right knee complaints. Treatments to date have included physical therapy, oral pain medication, nonsteroidal anti-inflammatory drugs, acupuncture therapy, Occupational Therapy, chiropractic therapy, and bracing. In a progress note dated 5/24/14 the treating provider reports the injured worker was with pain to the cervical spine and thoracic spine noting that pain levels decrease with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine - 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy, Physical medicine guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 12 sessions. The objective results of the first set of physical therapy sessions are not made available for review. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.