

Case Number:	CM15-0017260		
Date Assigned:	02/05/2015	Date of Injury:	05/22/1992
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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: Emergency Medicine

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 male patient, who sustained an industrial injury on 05/22/1992. A physical therapy visit note dated 12/11/2014 reported subjective complaint of back really bothering him. He reported having been performing some exercises at home days prior and he slipped and fell. He hit the floor hard and has complained that "it has been very painful ever since". He stated that pre-fall his back pain was 50 % less. The assessment noted the patient able to complete the supine stretches without causing increased pain. In addition, modified back to semi reclined upper extremity exercises were performed due to increased pain levels. The plan of care involved resume current exercises, next session initiate core stability exercises to increase strength for upright posture while ambulating, and activities. A request was made on 12/23/2014, asking for additional physical therapy session 8. On 12/31/2014, Utilization Review non-certified the request, noting the CAMTUS, Chronic Pain, Physical Therapy/Manual Manipulation Treatment Guideline were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (unspecified body part): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

Decision rationale: The requested Physical therapy 2 x 4 (unspecified body part), is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has back pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy 2 x 4 (unspecified body part) is not medically necessary.