

Case Number:	CM15-0125245		
Date Assigned:	07/10/2015	Date of Injury:	01/05/2015
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

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

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 33 year old female, who sustained an industrial injury on 1/05/2015. She reported injury to the low back from lifting activity. Diagnoses include lumbar strain and left lower extremity pain. Treatments to date include modified activity, anti-inflammatory, narcotic, and physical therapy. Currently, she complained of back pain with radiation to the hip and leg and associated with tingling. The MRI of the lumbar spine was noted with no acute findings and without disc herniation. On 5/29/15, the physical examination documented tenderness at the left sacroiliac joint. The plan of care included additional eight physical therapy sessions, two times a week for four weeks, consisting of one physical therapy evaluation, one physical therapy re-evaluation, therapeutic exercise and an Evaluation and Management (E&M) established outpatient office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to left sacroiliac joint two times a week for four weeks consisting of one evaluation and re-evaluation, therapeutic exercise and an office visit:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for left low back and hip pain. When seen, physical therapy treatments had been helpful. There was left sacroiliac joint tenderness. Stork testing was positive. The claimant has already had nine physical therapy treatments including instruction in a home exercise program with which she was compliant. Guidelines recommend up to 9 visits over 8 weeks for the treatment of this condition. In this case, the claimant has already had an appropriate course of therapy including instruction in a home exercise program. The number of additional visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.