

Case Number:	CM15-0033366		
Date Assigned:	02/26/2015	Date of Injury:	08/17/2009
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 43-year-old female reported a work-related injury on 08/17/2009. According to the progress notes from the primary treating provider dated 1/9/15, the injured worker (IW) reports pain in the lower back with radicular symptoms in the right and left leg. The IW was diagnosed with lumbar sprain/strain, herniated disc with radiculitis; status post bilateral femur fractures with open reduction and internal fixation and symptoms of anxiety, depression and insomnia. Previous treatments include medications, physical therapy (PT), acupuncture, TENS and chiropractic. The treating provider requests physical therapy treatment. The Utilization Review on 02/06/2015 non-certified the request for physical therapy treatment. References cited were Official Disability Guidelines (ODG): Low Back PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Treatment: 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); Low Back, Physical Therapy.

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

Decision rationale: This patient presents with low back pain. The treater is requesting PHYSICAL THERAPY TREATMENT. The RFA from 01/09/2015 shows a request for physiotherapy 2 to 3 per week for six weeks. The patient's date of injury is from 08/17/2009 and she has reached maximum medical improvement. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. The records do not show any physical therapy reports. The medical records show that the patient last utilized physical therapy in 2013. The 11/07/2014 report shows that the patient is "feeling okay." No physical examination of the lumbar spine was noted on the report. It was further noted that the patient has completed her regimen of treatment and has reached her maximum medical improvement. While a refresher course would be appropriate to address her current symptoms, the request for an unlimited amount of physical therapy treatment is not supported by the guidelines. The request IS NOT medically necessary.