

Case Number:	CM15-0038032		
Date Assigned:	03/06/2015	Date of Injury:	09/29/2014
Decision Date:	04/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 38 year old individual who sustained an industrial injury on 09/29/2014. Current diagnoses include contusion-lower back, pain-back, and sprain/strain coccyx. Previous treatments included medication management, physical therapy, heat, and Toradol injection. Report dated 11/05/2014 noted that the injured worker presented with complaints that included ongoing low back pain and coccyx pain with no improvement. The physician noted that the injured worker has completed 6 physical therapy sessions. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The requested treatment includes additional physical therapy 3 times per week for 4 weeks for the low back and coccyx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 3 times a week for 4 weeks for the coccyx/low back: Upheld

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

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

Decision rationale: This patient presents with ongoing low back pain and coccyx pain. The patient also reports bilateral shoulder pain "from being tensed from her low back pain." The current request is for physical therapy sessions 3 times a week for 4 weeks for the coccyx/low back. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 visits over 8 weeks. The medical file provided for review does not include any physical therapy progress notes. According to progress report dated 11/05/2014, the patient has completed 6 physical therapy sessions. In this case, the treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, there is no discussion as to why the patient is unable to transition into a self-directed home exercise program. There is no report of new injury, new diagnosis, recent surgery or new examination findings that could substantiate the request for additional therapy. The requested additional PT is not medically necessary.