

Case Number:	CM15-0065191		
Date Assigned:	04/13/2015	Date of Injury:	02/07/2008
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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:

This 69 year old man sustained an industrial injury on 2/7/2008. The mechanism of injury is not detailed. Diagnoses include low back pain with radiculopathy. Treatment has included oral and topical medications. Physician notes dated 2/24/2015 show complaints of low back pain and bilateral lower extremity pain. Recommendations include physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week for 4 weeks for the low back & lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2008. Recent physical therapy includes completion of approximately 14 treatments as of 12/30/14. In this case, the claimant has recently had therapy treatments. Compliance with a

home exercise program would be expected and would not require continued skilled physical therapy oversight. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote further dependence on therapy provided treatments. Therefore, the requested therapy was not medically necessary.