

Case Number:	CM15-0072795		
Date Assigned:	04/23/2015	Date of Injury:	11/15/2014
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/16/2015

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 39-year-old male, who sustained an industrial injury on 11/15/2014. He reported pain in his low back and knees due to continuous trauma; he also developed pain in the wrist area. Diagnoses have included lumbar sprain/strain, bilateral knee sprain and bilateral wrist sprain. Treatment to date has included a home exercise program. According to the progress report dated 3/30/2015, the injured worker complained of low back pain. Physical exam revealed lumbar tenderness and restricted range of motion. Authorization was requested for physical therapy for the lumbar spine and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 to lumbar and bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The claimant sustained a cumulative, work injury with a date of injury of November 15, 2014. When seen, he was having low back, bilateral knee, and right wrist pain. He had not had prior therapy treatments. Physical examination findings included lumbar spine tenderness and an antalgic gait. The claimant is less than six months status post injury and, therefore, the chronic pain treatment guidelines do not apply. Guidelines recommend up to 10 therapy sessions over eight weeks for this condition. Since the request is within the requested guideline recommendations, it can be considered medically necessary.