

Case Number:	CM14-0140882		
Date Assigned:	09/10/2014	Date of Injury:	02/21/2014
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 22-year-old male whose date of injury stated as 2-21-2014. A total of 34 pages were submitted for review which included primarily a psychological report and a paragraph from the previous utilization review physician. The mechanism of injury was said to be a box falling onto the injured worker's left side causing pain to the neck, left shoulder, hand and wrist. It should be noted that no actual medical records are available for review from the treating physician. The request is for physical therapy of the lumbar region three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week for 6 weeks Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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), Back, Physical Therapy Guidelines.

Decision rationale: The Official Disability Guidelines allow for between 8-12 physical therapy visits over a 10 week period of time depending on the nature of the back related diagnosis,

assuming that the injured worker is not postoperative. This review presumes that the injured worker is not postoperative from a back operation. Therefore, physical therapy 3x week for 6 weeks (lumbar) is not medically necessary based on the provided medical information.