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| Case Number: | CM13-0016589 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/18/2013 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 08/19/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a patient with a date of injury of 2/18/13. A utilization review determination dated 8/19/13 recommends non-certification of physical therapy as the patient had already completed 36 sessions. 8/21/13 medical report identifies low back pain with lower extremity symptoms and cervical pain. On exam, there is lumbar and cervical tenderness and limited ROM. Treatment plan includes additional PT lumbar spine, noting that the patient has completed 12 sessions to date with reduced pain and improved ROM and standing/walking tolerance. 7/25/13 medical report identifies low back pain with radiation and neck pain with stiffness. On exam, there is cervical spine tenderness with full ROM and lumbar spine tenderness and limited ROM. Treatment plan recommended additional PT 2 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical Therapy (2x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Myalgia and myotonia, unspecified..

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

Decision rationale: Regarding the request for 4 physical therapy (2x2), California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions. The remaining deficits are unquantified ROM deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and it appears that the patient has well exceeded that amount of PT. In light of the above issues, the currently requested 4 physical therapy (2x2) is not medically necessary.