

Case Number:	CM13-0025098		
Date Assigned:	11/20/2013	Date of Injury:	03/09/2012
Decision Date:	01/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/17/2013

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 & Rehabilitation and Pain Medicine 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:

The patient is a 45-year-old male who reported an injury on 03/09/2012. The patient reportedly sustained injuries to his face, teeth, cervical spine, and lumbar spine as result of a work-related injury. Apparently an elevator dropped from the second floor to the basement and the patient as violently jostled around and sustained a sudden deceleration injury. As of 05/31/2013, the patient's treatments have included physical therapy, medications, and surgery. His reported diagnosis is status post C5-6 anterior fusion, lumbar spine strain, and right shoulder impingement syndrome. The physician is now requesting additional physical therapy sessions at 2 to 3 times a week for 6 weeks for his neck and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 week x 6 weeks, neck and lumbar: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Under California MTUS Guidelines it states that physical medicine allows for fading of treatment frequency from up to 3

visits per week to 1 or less, plus active, self-directed home physical medicine. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. As noted in the documentation, the patient has already participated in some physical therapy. The number he has completed is unclear and the documentation does not state that he has had a significant change in his pathology to warrant additional sessions under extenuating circumstances. Therefore, an additional 16 to 18 sessions would exceed maximum allowance per guideline criteria at this time. As such, the requested service is non-certified.