

Case Number:	CM13-0030999		
Date Assigned:	12/04/2013	Date of Injury:	05/05/2011
Decision Date:	02/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational 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:

This treatment alone would represent treatment in excess of the 9 or 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that the patient has not demonstrated any evidence of functional improvement with prior therapy. She remains off of work, on total temporary disability and remains highly reliant on various forms of medical treatment, including medications, injections, etc. Continuing physical therapy in the face of the patient's failure to demonstrate any functional improvement is not indicated. Therefore, the request is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week for four weeks (3x4) to the cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This treatment alone would represent treatment in excess of the 9 or 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that the patient has not demonstrated any evidence of functional improvement with prior therapy. She remains off of work, on total temporary disability and remains highly reliant on various forms of medical treatment, including medications, injections, etc. Continuing physical therapy in the face of the patient's failure to demonstrate any functional improvement is not indicated. Therefore, the request is not certified.