

Case Number:	CM13-0037307		
Date Assigned:	12/13/2013	Date of Injury:	06/23/2013
Decision Date:	02/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 06/23/2013. The patient is diagnosed with lumbar spine disc protrusion, cervical spine disc protrusion, and left shoulder impingement. The patient was recently seen by [REDACTED] on 10/15/2013. Physical examination revealed diminished lumbar spine range of motion and tenderness to palpation with 4/5 strength. Treatment recommendations included continuation of current physical therapy 3 times per week for 4 weeks and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits, 3 per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for

myalgia and myositis, unspecified includes 9 to 10 visits over 8 weeks. As per the clinical notes submitted, the patient has previously participated in physical therapy. There is no documentation of objective measurable improvement in range of motion or strength. Therefore, ongoing treatment cannot be determined as medically appropriate. Furthermore, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.