

Case Number:	CM13-0045236		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2013
Decision Date:	02/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 06/12/2013. The mechanism of injury was noted to be a fall. Her diagnoses include cervicalgia, lumbago, and lumbosacral sprain. A 10/29/2013 physical therapy note indicates that it was her eighteenth visit. It was also noted that she was compliant with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended at 9-10 visits over 8 weeks in the treatment of unspecified myalgia and myositis. The clinical information submitted for review indicates that the patient has already completed at least 18 visits of physical therapy, which far exceeds the guideline recommendations. Therefore, in the absence of documented exceptional factors to warrant further visits, the request is not supported. As such, the requested physical therapy is not medically necessary at this time.

