

Case Number:	CM13-0047729		
Date Assigned:	12/27/2013	Date of Injury:	08/10/2012
Decision Date:	03/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 64-year-old male who reported injury on 8/10/12; the patient was knocked off a back of a semi truck by part of an aircraft wing. The patient sustained injuries to his neck, left knee, left shoulder, arm, and face. The patient's diagnoses include cervical radiculopathy, left carpal tunnel syndrome, left knee internal derangement, and left ankle sprain. The patient was noted to be undergoing physical therapy and to have 2 sessions left as of 8/28/13. The patient stated he had been seeing great improvement in the pain and range of motion as a result of the physical therapy. The patient's pain was noted to get worse when there was a lapse in therapy, and the patient needed to start all over again to see the therapy's effect. The patient's pain was noted to be a 5/10, with pain mostly in the left knee and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. It is directed at controlling

symptoms such as pain, inflammation and swelling, and can improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis, and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide the number of sessions the patient had participated in. Additionally, there was not a comparative evaluation of objective functional benefit and objective examination findings from start through the last day of therapy. There was a lack of documentation of the participation in a home exercise program. The request as submitted was for physical therapy with no frequency, duration, or body part specified. Given the above, the request is not medically necessary.