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| Case Number: | CM13-0049093 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 06/18/2010 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 worker who submitted a claim for sprains and strains of other unspecified parts of back (ICD 847.0) from an associated industrial injury on June 18, 2010. Treatments to date have included physical therapy, home plan exercise, pain medications, epidural block, and trigger point injection. Diagnostic work up to date is an MRI of cervical spine, which was normal. Utilization review from October 29, 2013 denied a request for Physical Therapy 4 session, once a week for 4 weeks due to no information concerning total number of session completed and a home exercise program. Based on the medical records from 2012 through 2013, the patient started to experience cervical pain after he hit his head, neck and back on a carpeted floor. He claims that conservative treatment was initiated at time of injury. Due to the persistence of pain, a cervical MRI was obtained which demonstrated mild degenerative changes. Patient had 14 previous physical therapy visits as certified by his physician although there are no records or reports provided to quantify patient's improvement. The physician wanted addition PT sessions for a review of the Peter Edgelow Program and to restore strength, flexibility and endurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 4 SESSIONS, ONCE A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: MTUS CA Chronic Pain Medical Treatment Guidelines on Physical Medicine recommend 9-10 visits over 8 weeks for myositis and myalgia to which the patient has already exceeded. There is no documentation of assessments concerning functional improvement derived from these sessions and the patient should already be proficient in an independent home exercise program by now. The request also does not specify a body part to be treated. Therefore, the requested Physical therapy, 4 sessions, once a week for 4 weeks is not medically necessary.