

Case Number:	CM13-0054960		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2009
Decision Date:	03/26/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 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:

California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 38 postoperative physical therapy sessions along with 5 sessions of therapy post injection. There was a lack of documented rationale for continued treatment with physical therapy and a lack of documentation of objective functional deficits to support ongoing therapy. The patient should be well versed in a home exercise program. The request as submitted failed to indicate the body part the therapy was requested for. Given the above, the request for Additional physical therapy (24 sessions) is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical

documentation submitted for review indicated the patient had 38 postoperative physical therapy sessions along with 5 sessions of therapy post injection. There was a lack of documented rationale for continued treatment with physical therapy and a lack of documentation of objective functional deficits to support ongoing therapy. The patient should be well versed in a home exercise program. The request as submitted failed to indicate the body part the therapy was requested for. Given the above, the request for Additional physical therapy (24 sessions) is not medically necessary.