

Case Number:	CM13-0069004		
Date Assigned:	01/03/2014	Date of Injury:	06/07/2013
Decision Date:	05/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 49 year old male with an injury date of 6/7/13. Based on the 10/16/13 progress report by [REDACTED], the patient's diagnoses include cervical and thoracic sprain with cervicogenic headaches, radiation to the upper extremities, a questionable right eye injury, and a questionable pulmonary injury. [REDACTED] is the requesting provider and he provided treatment reports from 8/8/13-11/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS:

Upheld

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

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

Decision rationale: According to the 11/20/13 progress report by [REDACTED], the patient presents with ongoing pain in his neck with radiation to his left upper extremity in the C7 distribution. He has pain in his lower back with radiation to his left upper extremity in the C7

distribution. He has pain in his lower back with radiation to his left buttock and left posterior thigh down to his knee, but not beyond. [REDACTED] 11/20/13 progress report states that the patient has already had 10-11 sessions of physical therapy. Therapy has not been particularly helpful. These physical therapy sessions took place between 8/8/13-11/20/13. The MTUS guidelines state that for myalgia and myositis, 9-10 physical therapy visits are recommended over eight weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The requested 18 physical therapy sessions exceeds what is allowed by MTUS guidelines. Furthermore, the patient has not shown functional improvement. As such, the request is not medically necessary.