

Case Number:	CM14-0002134		
Date Assigned:	01/24/2014	Date of Injury:	10/31/2001
Decision Date:	07/02/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 55 year old female who was injured on 10/31/2001. The mechanism of injury is unknown. The patient medications included meloxicam 50 mg. The PR2 dated 12/09/2013 documented the patient had a fall on 11/28/2013 landing on the right side of her hands, knees with a lateral right knee abrasion and hematoma. The patient had residual soreness in the left hand and knee. Her low back and neck on the left side had exacerbated pain. She reported discomfort in her low back, 1st metacarpal on left hand and right hand. Objective findings on exam revealed range of motion of extremity joints are full without pain, restriction, or deformities. Her neck was supple with negative Spurling sign. Thoracic spine was full range of motion. Lumbar showed full range of motion in flexion, extension, lateral rotation and lateral flexion. Straight leg raise test was negative. Neurological exam was intact. The patient's sensation was intact and patient had a normal gait. Deep tendon reflexes within normal limits. The patient is diagnosed with cervical spinal stenosis, brachial plexus lesion and low back pain syndrome. Recommendations include a follow-up in 6 weeks and a request for 6 sessions of physical therapy. The physical therapy note dated 12/11/2012 states the patient's has had 16 visits of therapy and the patient reported no pain with home exercise program. She has some increased inactive rotation post MT. The prior UR dated 12/31/2013 states the request for 6 sessions of physical therapy is not medically necessary due to a lack of documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, physical medicine is a modality of treatment that can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The medical records document the patient was diagnosed with cervical spinal stenosis, brachial plexus lesions, and low back pain syndrome. The patient has already received 16 sessions of PT. In the absence of documented specific body parts that require PT treatment, and in the absence of documentation of the prior PT sessions outcome, the request is not medically necessary according to the guidelines.