

Case Number:	CM14-0009687		
Date Assigned:	09/24/2014	Date of Injury:	10/02/2013
Decision Date:	12/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 30 year old male who had a work injury dated 10/2/13. The diagnoses include cervical, thoracic, and lumbar sprain/strain; bilateral knee and lower legs; multiple contusion of back, coccyx, bilateral knees and lower legs. Under consideration are requests for additional physical therapy 2 x 6 to neck and back. There is a 10/15/13 document that states that the patient came in for a re check. The patient still complains of persistent neck and low back pains more to his neck. He has occasional headaches. On exam there is diffuse tenderness along the paracervical and paralumbar spinous muscles. There is restrictive flexion/extension. There is no ecchymoses, muscle spasm. There is moderate pain elicited on range of motion testing. The straight leg raise is negative. There is a request for Physical Therapy (PT), orthopedic referral. The patient is to continue meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 6 TO NECK & BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Additional physical therapy 2 x 6 to neck and back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation is not clear on how much Physical Therapy (PT) the patient has already had for this condition and the outcome. Additionally it is not clear on why the patient is not able to perform a self directed home exercise program. The request for additional physical therapy 2 x 6 to neck and back is not medically necessary.