

Case Number:	CM14-0100136		
Date Assigned:	07/28/2014	Date of Injury:	05/22/1998
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records, presented for review, indicate that this 78 year old male was reportedly injured on May 22, 1998. The injured worker filed cumulative claims for injuries on multiple body parts. Reports were noted that he sustained multiple specific injuries during the course of employment as a lead miller. It was noted that in the late 1980's he began to develop pain in the lower back with radiation down both legs. Consequently, the injured worker next remembers experiencing pain in the neck and the arms including the elbows and the wrists in approximately the late 1990s. The most recent progress note presented for review was dated December 3, 2013. This clinical assessment indicated that there were ongoing complaints of low back and neck pains. The physical examination demonstrated a 5'11", 190 pound individual who was hypertensive (145/55), had some difficulty with ambulation and changing positions, gait pattern was described as antalgic, muscle spasm was present, and trigger point injections were completed at that time. Diagnostic imaging studies objectified significant degenerative changes in the cervical spine and lumbar spine. Previous treatment included medications, injections, aquatic therapy and other pain management interventions. A request was made for physical therapy and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the injury sustained, and the treatment rendered, the findings noted on recent imaging studies and by the current clinical evaluation, there is no data presented to suggest any formal physical therapy protocol is warranted. As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there is no recommendation for use of physical therapy. As such, a home exercise protocol emphasizing overall fitness, conditioning, and lumbar spine range of motion is to be indicated at this time. The medical necessity for additional physical therapy is not present.