

Case Number:	CM14-0104459		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2014
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular 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 57 year old with a work injury dated 4/9/14 from a motor vehicle injury. Per prior UR the diagnoses include low back pain, lumbar discogenic pain, and cervical discogenic pain. Under consideration is a request for physical therapy 3 times a week for 4 weeks 12 sessions. There is documentation of a 4/25/14 cervical X-Ray which revealed straightening of the spine suggestive of spasm. The lumbar X-Ray taken the same day was negative. A 4/9/14 head CT revealed no intracranial abnormality. A 4/9/14 cervical CT revealed no fracture. There is a 4/9/14 emergency room document which states that it is a poor original copy. It is handwritten and extremely difficult to read. There is a statement that notes the head CT was negative. The rest is difficult to read. There is an exam which notes scalp hematoma/laceration. The patient is able to move all extremities. There are no major musculoskeletal deformities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks 12 sessions: 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: Physical therapy 3 times a week for 4 weeks 12 sessions is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The request as written does not indicate a body part that the therapy should focus on. There is no clear indication of what therapy should focus on and no physical exam findings of neuromuscular deficit that require a supervised physical therapy program. Furthermore, the MTUS recommends 9-10 visits of therapy for myalgia and myositis, unspecified and 8-10 visits for neuralgia, neuritis, and radiculitis, unspecified. The request exceeds the recommended number of visits. The request for physical therapy 3 times a week for 4 weeks 12 sessions is not medically necessary.