

Case Number:	CM14-0010527		
Date Assigned:	02/21/2014	Date of Injury:	11/16/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 injured worker is a 43 year old male whose date of injury is 11/16/2013. The mechanism of injury is described as breaking up a fight. Physical therapy initial examination dated 01/02/14 indicates there is palpable tenderness and increased muscle tone noted. Diagnosis is lumbar sprain/strain. Note dated 01/09/14 indicates the injured worker is going to therapy and it is helping. The injured worker reports pain at terminal range of motion. The injured was recommended to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy two times a week for eight weeks for the lumbar and cervical spine is not recommended as medically necessary. There is insufficient clinical information provided to support this request.

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of physical therapy the injured worker has completed to date, and the injured worker's objective functional response to therapy is not documented to establish efficacy of treatment and support additional sessions in accordance with CA MTUS guidelines. The injured worker's compliance with an active home exercise program is not documented. The request is not medically necessary and appropriate.