

Case Number:	CM14-0011843		
Date Assigned:	04/21/2014	Date of Injury:	02/22/2013
Decision Date:	08/06/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Texas. 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 48 year old male whose date of injury is 02/22/13. On this date the injured worker was carrying a heavy appliance upstairs and felt the onset of mid back and low back pain. Treatment to date includes physical therapy and chiropractic treatment. Progress report dated 01/08/14 indicates that the injured worker complains of neck stiffness and headaches with some radiation of neck pain to the left shoulder girdle. Diagnoses are cervical strain/sprain-cervicalgia, thoracic disc disease, and lumbar disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X8 FOR CERVICAL, THORACIC & LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: Based on the clinical information provided, the request for eight physical therapy visits to the cervical, thoracic and lumbar spine is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. The number of prior physical therapy visits

completed to date is not documented. The injured worker's objective functional response to prior treatment is not documented to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.