

Case Number:	CM14-0015144		
Date Assigned:	02/28/2014	Date of Injury:	04/16/2013
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 51-year-old male who reported an injury on 04/16/2013, with the mechanism of injury not sited within the documentation provided. In the clinical notes dated 06/16/2014, the injured worker complained of cervical and lumbar pain. It was noted that the pain radiated to the lower thigh. No prior treatments or medications were annotated within this clinical note. The diagnoses included whiplash sprain/strain, lumbar sprain/strain, lumbar spine IVD displacement, shoulder sprain/strain, disorder of bursa and tendons, anxiety syndrome, depression and sternal costochondritis. The treatment plan included a change of primary treatment providers, acupuncture 2 times 4, the continuation of therapy 1 times 6 and to anticipate an MRI in 8 weeks. The Request for Authorization for additional physical therapy 2 times a week for 4 weeks with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLES 8-5, 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The request for additional physical therapy 2 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines may support 8 to 10 visits of physical therapy to provide instruction in a home exercise program and promote functional gains for injured workers with neuralgia, neuritis or radiculitis. In the clinical notes provided for review, there is a lack of documentation of the physician requesting additional physical therapy. There is also a lack of documentation of the injured worker's range of motion for either the cervical spine or the lumbar spine. There is also a lack of documentation of the injured worker's progress or lack thereof of physical therapy. Furthermore, there is also a lack of documentation of a failure of conservative therapies, such as pain medications and/or a home exercise program. Therefore, the request for additional physical therapy 2 times a week for 4 weeks is not medically necessary.