

Case Number:	CM14-0017075		
Date Assigned:	07/02/2014	Date of Injury:	10/29/2012
Decision Date:	09/15/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 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:

This case involves a 32-year-old female who reported an injury on 10/29/2012 due to a fall while walking. Prior treatments included physical therapy and medications, however, the prior medications were not provided. The diagnoses were noted to include cervical enthesopathy and a left elbow contusion. Additional prior therapies included chiropractic manipulation, massage as well as E-Stim. The injured worker underwent x-rays, MRIs, and EMG/NCV of the bilateral upper extremities and lower extremities. The surgical history was noncontributory. The documentation of 11/25/2013 revealed the injured worker had complaints of low back pain radiating to the bilateral lower extremities and neck pain. The treatment plan included physical therapy and a possible lumbar epidural steroid injection as well as medications. The physical examination of the lumbar spine revealed tenderness to palpation over the paralumbar structures bilaterally left greater than right and decreased range of motion. The treatment plan was 12 more sessions of physical therapy 3 times a week times 4 weeks, Naproxen 500 mg tablets twice a day as needed, and Pantoprazole 20 mg for dyspepsia. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98.

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

Decision rationale: The California MTUS Guidelines recommend for radiculopathy the physical medicine treatment is 8 to 10 visits. The clinical documentation submitted for review indicated the injured worker previously had physical therapy treatment however; there was a lack of documentation of objective functional improvement. In addition, there was a lack of documentation of objective functional deficits to support the necessity for continued therapy and the request failed to indicate the body part to be treated with the physical medicine treatment. Given the above, the request for physical therapy 3 x 4 is not medically necessary.