

Case Number:	CM14-0110287		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2013
Decision Date:	11/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Interventional Spine 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 patient is a 50 years old male with an injury date on 06/08/2013. Based on the 06/05/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Cervical s/s improving2. Sleep disorder3. Knee s/s improving4. Left shoulder tendonitis improvingAccording to this report, the patient complains of "neck pain, knees improving with PT, and low back remains symptomatic." Pain is rated as a 5/10 with antalgic gait. "No current surgery indication." The patient has "improved" since last examination. There were no other significant findings noted on this report. The utilization review denied the request on 06/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/05/2014 to 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 treatments of physical therapy on the lumbar: Upheld

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

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

Decision rationale: According to the 06/05/2014 report by [REDACTED] this patient presents with "neck pain, knees improving with physical therapy, and low back remains symptomatic." The treater is requesting 6 treatments of physical therapy for the lumbar spine. The utilization review denial letter states "The injured worker has had 13 prior physical therapy sessions plus 10 acupuncture and 19 chiropractic visits with good progress and plateau noted in physical therapy." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show that the patient has completed 9 physical therapy sessions on 03/27/2014 with current pain at a 6-8/10. Given that the patient has had 9 sessions recently, the requested 6 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.