

Case Number:	CM14-0117161		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2011
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 Nevada. 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 records, presented for review, indicate that this 36-year-old gentleman was reportedly injured on June 1, 2011. The mechanism of injury was listed as cumulative trauma from riding in a vehicle. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated full painless range of motion of the cervical and lumbar spine. There was a negative straight leg raise test bilaterally. Tenderness was noted over the thoracic spine from T4 through T8. Diagnostic imaging studies of the lumbar spine were unremarkable. A request had been made for additional physical therapy for the cervical spine, thoracic spine, and lumbar spine and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3xwk X 3wks, Thoracic Spine, Lower Back Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the attached medical record, the injured employee has already participated in physical therapy; however the results of this therapy are unknown. Additionally, the physical examination on June 4, 2014 indicates full painless range of motion of the cervical and lumbar spine. Therefore, it is unclear why additional physical therapy is recommended. For these reasons, additional physical therapy three times a week for three weeks for the thoracic spine, lower back, and neck is not medically necessary.