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| Case Number: | CM14-0117290 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/08/1998 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/27/2014 |
| 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 injured worker is a 64 year-old female who was reportedly injured on 2/8/1998. The mechanism of injury is noted as an industrial injury. The most recent progress note dated 2/26/2014, indicates that there are ongoing complaints of chronic neck, mid back, low back and ankle pain. The physical examination demonstrated decreased range of motion of the cervical spine, lumbar spine, right ankle, and thoracic spine. Positive tenderness to palpation bilateral cervical, thoracic, and lumbar spine with taught and tender fibers. Positive right ankle pain with palpation. Bilateral straight leg raise positive, cervical compression test positive Kemps test bilaterally positive shoulder depression test bilaterally positive. No recent diagnostic studies are available for review. Previous treatment includes physical therapy #18 sessions, and medications. A request was made for continuation of physical therapy #4 visits and was not certified in the pre-authorization process on 6/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 4 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98, 99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, states the claimant underwent #18 sessions of functional restoration therapy. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.