

Case Number:	CM14-0117999		
Date Assigned:	09/23/2014	Date of Injury:	03/05/2010
Decision Date:	10/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 03/05/2010 due to an unknown mechanism. The diagnoses were lumbosacral radiculopathy, wrist tendinitis/bursitis, shoulder impingement, and cervical radiculopathy. A physical examination on 08/21/2014 revealed the injured worker was diagnosed with right hip revision arthroplasty and multilevel degenerative disc disease. The injured worker was also diagnosed with status post anterior cervical arthrodesis. The injured worker had an MRI study of the cervical spine that revealed gliosis at the C3-4 level. A computed tomography scan was recommended before proceeding with surgery. It was reported that the surgery for this condition would include compression and possible instrumentation and fusion. The injured worker was taking Norco. The treatment plan was for physical therapy. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: The decision for physical therapy x12 sessions of the lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The request does not state that the physical therapy is postoperative. It is unclear exactly why the injured worker needs the physical therapy. The clinical information submitted for review does not provide evidence to justify physical therapy x12 sessions of the lumbar spine. Therefore, this request is not medically necessary.