

Case Number:	CM14-0124910		
Date Assigned:	08/11/2014	Date of Injury:	02/03/2012
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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:

The injured worker is a 29 year old female who reported an injury on 02/03/2012. The mechanism of injury was not provided. Diagnostic studies included a urine drug screen, dated 07/03/2014, which was negative for all substances including tramadol. Surgical history, subjective complaints, and physical exam findings were not provided. According to the drug screen dated 07/03/2014, current medications included tramadol, naproxen, and ibuprofen. The treatment plan included 18 physical therapy sessions for the cervical spine. The rationale for treatment and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions for the Cervical Spine: 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: The California MTUS guidelines indicated that physical therapy is recommended for patients with diagnoses of myalgia, myositis, neuralgia, neuritis, radiculitis, or reflex sympathetic dystrophy (complex regional pain syndrome). There is a lack of

documentation of the injured worker's diagnoses, subjective complaints, physical exam findings, or rationale for the request. The requesting physician did not provide a recent clinical note with a complete examination of the injured worker. Therefore the request for 18 physical therapy sessions for the cervical spine is not medically necessary.