

Case Number:	CM14-0125039		
Date Assigned:	08/11/2014	Date of Injury:	07/31/2010
Decision Date:	09/15/2014	UR Denial Date:	07/18/2014
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 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 35-year-old female who was reportedly injured on 11/19/2009. The mechanism of injury was not listed. The most recent progress note dated 7/1/2014, indicated that there were ongoing complaints of bilateral shoulders pain, low back pain, and knees pain. The physical examination demonstrated cervical spine positive tenderness to palpation and decreased and painful range of motion. Thoracic spine had positive tenderness to palpation and decreased painful range of motion. Lumbar spine had positive tenderness to palpation and decreased painful range of motion. Bilateral shoulders had positive tenderness and painful range of motion at the base of the neck. No recent diagnostic studies are available for review. Previous treatment included physical therapy, injections, medications, and conservative treatment. A request was made for physical therapy 2-3 times a week for 6 weeks and was not certified in the pre-authorization process on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 recommends a maximum of 10 visits. The injured worker has multiple chronic complaints, and review of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy visits. The treating physician has ordered an additional 12-18 sessions of functional restoration therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.