

Case Number:	CM14-0128177		
Date Assigned:	08/15/2014	Date of Injury:	09/15/2012
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 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:

Medical records reflect the claimant is a 35 year old female who sustained a work injury on 9-15-12. On this date, the claimant reported an injury due to repetitive activities at work. The claimant complains of neck and low back pain, bilateral shoulder, elbow, forearm, wrist, hand, knee and foot pain. Medical Records reflect the claimant has been treated with medications and physical therapy. The claimant had been authorized 12 physical therapy sessions this year.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 98-99, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 78.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. This claimant continues with ongoing pain

complaints and no documentation of improvement despite treatment provided. The claimant had been provided with physical therapy sessions recently. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support ongoing physical therapy at this juncture, without documentaiton of significant gains with past physical therapy provided. Therefore, the medical necessity of this request is not established.