

Case Number:	CM14-0128489		
Date Assigned:	08/15/2014	Date of Injury:	07/25/2012
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Illinois. 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 54-year-old male who reported an injury while attempting to stop a heavy load from tipping over on its side on 07/25/2012. On 07/11/2014, his diagnoses included lumbar spine sprain/strain with radiculitis, rule out herniated disc, thoracic spine sprain/strain, cervical sprain/strain with radiculitis, rule out herniated disc, and left shoulder impingement syndrome. The progress note revealed that this injured worker had received 2 lumbar epidurals without relief and was involved in acupuncture and physical therapy without relief. He was provided with a back brace and an exercise band. On 06/09/2014, it was noted that this injured worker was status post bilateral L3-5 radiofrequency Rhizotomy at the medial branch. The plan of care at that time was for him to finish his physical therapy. It was unclear how many sessions of physical therapy he completed, or what modalities were employed, or the results thereof. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/18/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 visits: Upheld

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

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

Decision rationale: The request for Physical Therapy x6 Visits is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Injured workers are expected to continue active therapies at home. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. This injured worker had already attended an unknown number of physical therapy, the results of which were not included in the submitted documentation. Additionally, there was no evidence that this injured worker participated in a home exercise program. The submitted request did not specify a body part or parts to have been treated. The clinical information submitted failed to meet the evidence based guidelines for physical therapy. Therefore, this request for Physical Therapy x6 Visits is not medically necessary.