

Case Number:	CM14-0133011		
Date Assigned:	08/22/2014	Date of Injury:	03/12/2013
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 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:

This is a 35-year-old female with a 3/12/13 date of injury. The mechanism of injury occurred was a work-related slip and fall incident. According to a progress report dated 2/19/14, the patient complained of throbbing and aching shoulder, right wrist, and right hand pain. The complained of constant and aching pain in her neck and upper back rated as 8 on a scale of 0-10. She also complained of tingling in the bilateral shoulders. She complained of constant pain in her bilateral right greater than left lower back which she rated as 7. Objective findings: nonspecific tenderness in both shoulder and right wrist, palpation of cervical and lumbar spine reveals moderate paraspinal tenderness and spasms bilaterally. Diagnostic impression: cervical sprain, blunt head trauma with headaches, discogenic low back pain, myofascial lumbosacral spine. Treatment to date includes medication management, activity modification, chiropractic care, massage therapy, and acupuncture. A UR decision dated 7/22/14 denied the request for cervical/lumbar physical therapy 2-3x/week, 18 sessions. An objective positive patient response to prior treatment should be noted to substantiate additional supervised therapy. No objective gains such as increased ROM, strength, or functional activity tolerance was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical/ lumbar physical therapy 2-3x/week QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Chapter, Low Back Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, it is unclear if the patient has had previous physical therapy treatment. The patient has had chiropractic care and acupuncture treatment; however, she still has continued pain. In addition, Official Disability Guidelines recommend up to 10 visits over 8 weeks for sprains and strains of the neck and for lumbar sprains and strains. This is a request for 18 sessions, which exceeds guideline recommendations. Therefore, the request for Cervical/ lumbar physical therapy 2-3x/week for a total of 18 sessions are not medically necessary.