

Case Number:	CM14-0152606		
Date Assigned:	09/22/2014	Date of Injury:	03/12/2013
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The patient is a 52-year-old male, who has submitted a claim for herniated nucleus pulposus of the cervical and lumbar spine associated with an industrial injury date of March 12, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the neck and low back. Physical examination showed decreased sensation to light touch in the right and left arm. Treatment to date has included medications. Utilization review from August 18, 2014, denied the request for Physical Therapy 2 times a week for 6 weeks for the lumbar and cervical spine because the provided medical record of the patient's physical examination was handwritten and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar and 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 Therapy Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines, it supports an initial course of physical therapy with objective functional deficits and

functional goals. In this case, physical therapy was requested to address the neck and back pain of the patient. However, progress notes reviewed did not provide the objective deficits on the patient, as the medical records were hand written and illegible. No medical data pertinent to the request can be extracted from the submitted progress notes. Therefore, the request for Physical Therapy 2 times a week for 6 weeks for the lumbar and cervical spine is not medically necessary.