

Case Number:	CM14-0156030		
Date Assigned:	09/25/2014	Date of Injury:	10/07/2013
Decision Date:	10/27/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/23/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 10/7/13. She was seen by her physician on 8/27/14 with complaints of persistent lumbar spine pain with radiculopathy to the left leg as well as neck pain. Her exam showed tenderness and decreased range of motion of the cervical and lumbar spine. She had decreased sensation in the left L4-5 and S1 nerve roots dermatomal distribution. An EMG/NCV from 5/14 showed left S1 radiculopathy. His diagnoses were cervical sprain/strain and radiculopathy and lumbar sprain/strain and radiculopathy. The plan was to continue acupuncture and request additional physical therapy; the latter is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x week for 6 weeks, cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

Decision rationale: 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. In this

injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. She is also concurrently receiving acupuncture. The note does not document the benefit of prior physical therapy to justify the request for additional visit. The records do not support the medical necessity for 12 (2 x 6) physical therapy visits in this individual with chronic neck and back pain. Therefore, Additional Physical Therapy 2 x weeks for 6 weeks, cervical and lumbar spine is not medically necessary.