

Case Number:	CM14-0174801		
Date Assigned:	10/28/2014	Date of Injury:	10/10/2013
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine, has a subspecialty in Clinical Informatics: and is licensed to practice in Pennsylvania. 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 worker sustained an injury that was cumulative from 2/22/2013 to 10/10/2013. Diagnoses include myofascitis and radiculopathy of the cervical, thoracic, and lumbar spines and lumbar spine disc degeneration/herniation. He received physical therapy, acupuncture and medications. Physical therapy notes from July and August 2014 did not indicate any functional improvement. The primary treating physician's progress note of 8/4/14 stated that physical therapy helps temporarily. On 9/15/14 request was made to continue physical therapy 2 x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 to the 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 Page(s): 98-99.

Decision rationale: The physical medicine guidelines allow for 9-10 treatments over 8 weeks for myalgia and myositis and 8-10 treatments over 4 weeks for radiculitis. This worker already had physical therapy over several weeks preceding this request. This request would be in excess of the recommended amount of physical therapy. Furthermore there was no documentation of

progress or functional improvement during the previous several weeks of physical therapy to justify continued physical therapy. In fact the documentation states that physical therapy provided only temporary relief. Therefore, Physical therapy 2 x 6 to the cervical spine is not medically necessary.