

Case Number:	CM14-0179516		
Date Assigned:	10/30/2014	Date of Injury:	05/15/2014
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Practice, 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:

68 yr. old female claimant sustained a work injury on 5/15/14 involving the neck, back, knees and wrists. She was diagnosed with cervical sprain, lumbar sprain and right carpal tunnel syndrome. An MRI of the lumbar spine in September 2014 showed L5-S1 disc protrusion. She had undergone chiropractic therapy. A progress note on 7/23/14 indicated the claimant had been tolerating pain medication. Pain was 6/10. Exam findings were notable for neck muscle tenderness, paracervical weakness and reduced range of motion of the cervical spine. A recent request was made for 24 sessions of physical therapy for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 12wks Neck, Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their

associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already undergone chiropractic sessions with improvement in range of motion. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, 24 physical therapy sessions are not medically necessary.