

Case Number:	CM14-0021655		
Date Assigned:	05/05/2014	Date of Injury:	01/25/2000
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 Illinois. 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 63-year-old male who reported an injury on 01/25/2000; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 02/14/2014, the injured worker reported pain in the lumbar spine and the left shoulder. The listed prescribed medications included Norco and Motrin. The listed diagnoses include rotator cuff syndrome, unspecified thoracic and lumbar neuritis, and lumbago. The physical exam revealed trigger points at the lumbar spine and the cervical spine with decreased range of motion in the cervical spine. The treatment plan included additional post injection physical therapy, 6 visits, 3 x week for 2 week for the cervical spine; however, the Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY, 6 VISITS, 3 X WEEK FOR 2 WEEK FOR THE CERVICAL SPINE+: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical therapy (PT).

Decision rationale: The request for post operative physical therapy, 6 visits, 3 x week for 2 week for the cervical spine is not medically necessary. The Official Disability Guidelines state, if post injection physical therapy visits are required for instruction in these active, self performed exercise programs, these visits should be included with the overall recommendations under physical therapy, or at least not require more than 2 additional visits to reinforce the home exercise program. While the patient was noted to have had a injection, the current request for 6 sessions of physical therapy for the cervical spine and exceeds the guidelines' recommended maximum of 2 sessions of post injection treatment for physical therapy. As such, the request is not medically necessary.