

Case Number:	CM14-0024156		
Date Assigned:	06/11/2014	Date of Injury:	01/09/2012
Decision Date:	08/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/25/2014

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 Nevada. 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 54-year-old female who was reportedly injured on January 9, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 7, 2014, indicates that there are ongoing complaints of cervical spine pain, and low back pain. No physical examination was performed. There was a diagnosis of cervical disc degeneration, hypertension, fibromyalgia, and back pain. Physical therapy and muscle relaxers were recommended. Previous treatment includes physical therapy and acupuncture. A request had been made for cervical spine, lumbar spine and wrist and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS FOR BACK, CERVICAL SPINE AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: According to the medical record the injured employee has previously participated in physical therapy and acupuncture in 2012, however there is no documentation

regarding the efficacy of these prior treatments. In order to justify any potential continued therapy, the success of these prior treatments needs to be documented. This request for physical therapy for the back, cervical spine and wrist is not medically necessary.