

Case Number:	CM14-0025350		
Date Assigned:	06/11/2014	Date of Injury:	02/09/2012
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 37-year-old right with a reported date of injury on 02/09/2012. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include arthritis, headache, lower back pain, and neck pain. Her previous treatments were noted to include physical therapy and medications. The physical examination dated 01/21/2014 reported cervical spine tenderness and limited cervical spine range of motion. The injured worker reported that she continued to have pain and numbness to both upper and lower extremities. The injured worker was diagnosed with mild left C7 radiculopathy and mild left L3-4 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION, PHYSICAL THERAPY, NECK AND UPPER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN, PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The injured worker has received physical therapy in the past for her injuries. The California Chronic Pain Medical Treatment Guidelines recommend physical therapy for myalgia and myositis, for 9 to 10 visits over 8 weeks. The injured worker has had at least 10

visits although the exact number is not clarified. There is a lack of documentation regarding current measurable objective functional deficits, and quantifiable objective functional improvements from previous physical therapy sessions. The number of previous physical therapy sessions is unclear and there is a lack of exceptional factors to warrant the need for additional physical therapy. Therefore, the request for physical therapy twice weekly, neck and upper back quantity 6 are not medically necessary.

PHYSICAL THERAPY, TWICE WEEKLY, NECK AND UPPER BACK QUANTITY: 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN, PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The injured worker has received physical therapy in the past for her injuries. The California Chronic Pain Medical Treatment Guidelines recommend physical therapy for myalgia and myositis, for 9 to 10 visits over 8 weeks. The injured worker has had at least 10 visits although the exact number is not clarified. There is a lack of documentation regarding current measurable objective functional deficits, and quantifiable objective functional improvements from previous physical therapy sessions. The number of previous physical therapy sessions is unclear and there is a lack of exceptional factors to warrant the need for additional physical therapy. Therefore, the request for evaluation, physical therapy, neck and upper back is not medically necessary.