

Case Number:	CM14-0032705		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2013
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 New York and 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 female with a reported date of injury on 10/14/2013. The mechanism of injury was not submitted within the medical records. Her previous diagnoses were noted to include thoracic strain and left gluteal strain. Her previous treatments were noted to include medications. The progress note dated 01/06/2014 reported the injured worker complained of neck pain rated 6/10 to 7/10 and decreased to 3/10 with the use of medications. The physical examination noted the cervical spine was tender and had spasms upon palpation of the cervical paraspinal and upper trapezius muscles on the left. Pain was elicited during flexion, extension, and lateral bending bilaterally. The request for authorization form dated 12/05/2013 was for physical therapy 2 x 4 for thoracic and gluteus sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy and Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL EXAMINATION Page(s): 98-99.

Decision rationale: The request for 8 sessions of physical therapy is not medically necessary. The injured worker has received previous physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation with current measurable objective functional deficits regarding the range of motion and motor strength as well as quantifiable objective functional improvements with previous physical therapy. Additionally, there is a lack of documentation regarding the number of previous physical therapy sessions. Therefore, the request is not medically necessary.