

Case Number:	CM14-0034703		
Date Assigned:	09/05/2014	Date of Injury:	09/10/2002
Decision Date:	10/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 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:

The injured worker is a 53-year-old female who reported an injury on 09/10/2002. The mechanism of injury was not submitted for clinical review. Diagnoses included myalgia and myositis, acute pulmonary heart disease, overweight and obesity. Previous treatments included medication and physical therapy. In the clinical note dated 02/14/2014 it was reported the injured worker complained of continued total body pain, chronic fatigue, problem sleeping. Upon the physical examination, the provider noted trigger point tenderness 12+. The request submitted is for physical therapy sessions for the lumbar and bilateral knees. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions For Lumbar and Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker's prior course of physical therapy. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength and flexibility. The number of sessions requested exceeds the guideline recommendations. Therefore, the request is not medically necessary.