

Case Number:	CM14-0037032		
Date Assigned:	06/25/2014	Date of Injury:	04/23/2007
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 59-year-old female with an original date of industrial injury of April 23, 2007. The mechanism of injury was cumulative trauma. The patient reported pain in the low back, tailbone, neck, right shoulder, and right knee. The patient has been treated with physical therapy for the bilateral knees, lumbar bracing, pain medication, chiropractic, acupuncture, and pain management consultation. She has also had a complex comprehensive psychological evaluation performed on January 31, 2012. A utilization review determination on March 6, 2014 had non-certified the request for 12 sessions of physical therapy for the cervical spine. The reasoning for this was based upon no indication of her response to physical therapy in the past and a lack of cervical spine findings on examination. The reviewer pointed out that the injured worker's injury is 7 years old and the likelihood of significant improvement is minimal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical spine, 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: In the case of this complex pain patient with chronic pain syndrome, there is been documentation of previous physical therapy, as well as other conservative therapies such as acupuncture, chiropractic, pain psychology evaluation. The extensive medical records were reviewed, but I was unable to identify documentation as to the patient's response to previous physical therapy. The guidelines specify that continuation of physical therapy is contingent on demonstration of functional benefit from previous physical therapy. This request is not medically necessary.