

Case Number:	CM14-0047157		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Practice and is licensed to practice in Arizona. 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 patient is a 55-year-old female with a date of injury on June 15 2013. The injury occurred when the patient was driving a golf cart while working which jumped a railroad tie resulting in the patient being thrown off the cart. She landed on her buttocks and had attempted to hold on to the steering wheel. She called in sick the next day complaining of diffuse pain. She was seen on June 19 and was referred for 8 physical therapy sessions which gave temporary benefit. In November 2013 she had further physical therapy and diagnostic studies. She had a full independent medical evaluation IME on March 17, 2013 and was found to be at maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 18 sessions for bilateral wrists, right elbow, and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain management Page(s): 99.

Decision rationale: The MTUS 2009 (page 99) guidelines recommend 8-10 visits of physical therapy over 4 weeks for the treatment of chronic pain. The patient has already received more

than the recommended number of physical therapy visits since date of injury without documented improvement, therefore, the request is not medically necessary.