

Case Number:	CM14-0047957		
Date Assigned:	07/02/2014	Date of Injury:	08/02/2013
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in interventional spine 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 patient is a 44-year-old male with date of injury of 08/02/2013. The listed diagnoses per [REDACTED] dated 02/06/2014 are neck sprain, lumbar sprain, pain in joint involving the shoulder region. According to this handwritten progress report, the patient complains of neck pain and lumbar spine pain. He rates his pain 8/10. The patient also complains of bilateral shoulder pain at a rate of 8/10. He states that prolonged standing and walking increases the pain. The physical exam shows there is tenderness to palpation of the spinous process and paraspinal region. The rest of the report was illegible. The utilization review denied the request on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 sessions for a total of 8 visits.: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pg. 98,99.

Decision rationale: This patient presents with neck, back, and shoulder pain. The treater is requesting 8 physical therapy visits. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify the number of treatments received and what results were accomplished. The utilization review denied the request stating, Lack of details regarding the patient's previous physical therapy visits. Lack of documented objective functional gains made in previous physical therapy. In this case, the treater has asked for 8 sessions of therapy. If the patient has not had any recent therapy, it would be reasonable to allow a short course. However, the treater simply does not keep track of any history. There is no mention of a flare-up, exacerbation, new injury, or functional decline to warrant a course of therapy. The treater's reports are largely illegible and does not provide any rationale for therapy. The request is not medically necessary.