

Case Number:	CM14-0049275		
Date Assigned:	06/25/2014	Date of Injury:	10/10/2013
Decision Date:	08/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 48-year-old male with date of injury of 10/10/2013. The listed diagnoses per [REDACTED] dated 02/26/2014 are a cervical spine strain, a thoracic spine strain, lumbar spine disk bulges and a right shoulder strain. According to this report, the patient complains of neck, upper back, lower back, and right shoulder pain. The physical exam noted light touch sensation to the right mid-anterior thigh, right mid-lateral calf, lateral ankle are all intact. No other findings were noted in this report. The utilization review denied the request on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional physical therapy sessions for the lumbar spine administered as two sessions per week for six weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with neck, upper back, lower back, and right shoulder pain. The physician is requesting 12 additional physical therapy sessions for the lumbar spine.

The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The UR referenced that the patient received 14 sessions of physical therapy, the last one being 01/06/2014. The physical therapy report dated 03/14/2014 documents that the patient reports that his right shoulder feels better, but still complains of stiffness to the low back and neck. The patient still presents with limited and painful active range of motion, but with minor improvement in overall strength. He is progressing towards his goals outlined in the initial evaluation. This therapy report does not specify how many treatments the patient has received thus far. In this case, the requested 12 additional physical therapy sessions, when combined with the previous 14 would exceed MTUS guidelines. The patient should be able to start a self-directed home exercise program to improve range of motion and strength. Therefore the request is not medically necessary.