

Case Number:	CM14-0054266		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2013
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/23/2014

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 had an original date of injury of October 30, 2013. The mechanism of injury was actually cumulative trauma occurred from 2012 through 2013 to the cervical and lumbar spine regions. The patient continues with neck pain and low back pain with radiation into the upper and lower extremities. The disputed request is for additional physical therapy. A utilization review determination on April 18, 2014 had noncertified this request, citing that the "claimant has had extensive physical therapy for this chronic condition" and no objective improvement from physical therapy was documented. There was also no documentation as to why the claimant cannot continue with rehabilitation on a home exercise program basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two sessions per week for six weeks to the cervical and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: At this juncture, a full course of physical therapy is not recommended according to guidelines. The guidelines recommend tapering of physical therapy with transition from formal physical therapy to self-directed home exercises. It is not apparent from the submitted documentation that the patient has failed a home exercise program. This request is not medically necessary.