

Case Number:	CM14-0067173		
Date Assigned:	07/11/2014	Date of Injury:	02/20/2013
Decision Date:	08/13/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 and is licensed to practice in Nevada. 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 43-year-old male who was reportedly injured on 2/20/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 4/21/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: Well-healed surgical scar. Flexion 100. Extension -10. No payment motion. Negative straight leg raise. Muscle strength 5/5. Cervical spine: Diffuse tenderness with decreased range of motion. No sensory deficits. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, epidural steroid injections and conservative treatment. A request had been made for physical therapy of the cervical/thoracic spine 2 times a week for 4 weeks #8 and was not certified in the pre-authorization process on 4/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) 2 x Wk for 4 Wks (8) Cervical spine, thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Physical Therapy Guidelines(Lumbar).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postoperative physical therapy is recommended/expected in patients who have undergone surgery. Current guidelines state patients are eligible for 16 visits over 8 weeks. After review medical documentation, it was noted the patient has completed 6 of 12 authorized postoperative physical therapy sessions. It was noted that the patient experienced pain with physical therapy, and treatment was put on hold. It was noted the patient will benefit from current therapy; however, the injured worker will need to complete the remaining 6 authorized therapy sessions prior to any additional ones. Documentation of reduction in pain and increase in function will need to be shown. This request for PT (Physical Therapy) 2 x Week for 4 Weeks (8) Cervical spine, thoracic spine is not medically necessary.