

Case Number:	CM14-0081467		
Date Assigned:	07/18/2014	Date of Injury:	03/23/2013
Decision Date:	09/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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 is a 35 year old female injured worker with date of injury 3/23/13 with related mid and low back pain. Per progress report dated 4/18/14, she reported that she felt a sharp pain from the mid back to the low back. She rated her pain 9/10 and 5-6/10 with medications. Per physical exam, there was tenderness and spasm in the thoracic paravertebral musculature. Straight leg raise test was positive on the right. There was tenderness in the cervical paravertebral and bilateral upper trapezius muscles. Imaging studies were unavailable for review. She has been treated with home exercise program, physical therapy, acupuncture and medication management. The date of UR decision was 4/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for three (3) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: Per MTUS guidelines, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." Per the ODG Physical Therapy Guidelines, "Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks" The documentation submitted for review indicates that the injured worker was approved for 6 sessions of physical therapy on 3/13/14. There was no documentation of objective functional improvement from these sessions to support the medical necessity of further physical therapy. Furthermore, additional sessions would be in excess of the guideline recommendation of 10 visits over 8 weeks. Therefore, the request for physical therapy two (2) times a week for three (3) weeks is not medically necessary and appropriate.

Ergonomic chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

Decision rationale: Per the ACOEM guidelines, "The primary prevention of work-related complaints thus depends on reducing exposure to physical, personal, and psychosocial stressors. For example, engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost-effective measures in the long run. Personal protective equipment also can be an effective strategy for primary prevention. Primary preventive strategies based on maintaining activity and flexibility, such as exercise breaks for workers performing assembly tasks or a scheduled rotation of tasks, appear to be low in cost and generally effective based on physiologic principles. Strategies that improve work organization and management also should be addressed." The documentation submitted for review does not indicate how or why the request would benefit the injured worker. There is no evidence that an ergonomic evaluation, which specified the need of an ergonomic chair, has taken place. Therefore, the request for Ergonomic chair is not medically necessary and appropriate.