

Case Number:	CM14-0085455		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2014
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 01/27/2014. The mechanism of injury is that the patient slipped and fell down a flight of stairs and suffered injury to multiple body areas. As of 04/17/2014, the patient had received at least 18 physical therapy treatments and had been noted to have made progress including grossly normal active range of motion and strength although with persistent reports of pain with prolonged activity. On 05/12/2014, the patient was seen in orthopedic followup with ongoing lumbar spine pain and right shoulder pain. The treating physician noted improvement though ongoing pain and planned to obtain copies of prior lumbar MRI imaging. That treating physician recommended treatment with ibuprofen and also recommended continued physical therapy 2 times per week x 4 weeks to the right shoulder and low back and neck to include cervical traction.

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 four (4) weeks to the lumbar spine, right shoulder, cervical spine, add cervical traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 63-64.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. The treatment guidelines anticipate that this patient would have transitioned to an independent home rehabilitation program. The rationale instead for additional supervised physical therapy rather than independent home rehabilitation is not apparent. This request is not medically necessary.