

Case Number:	CM14-0089107		
Date Assigned:	07/30/2014	Date of Injury:	11/08/2004
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 records presented for review indicate that this 60 year-old individual was reportedly injured on November 8, 2004. The original mechanism of injury is not disclosed. A letter dated August 12, 2014 is included in the medical records indicating a response to a request for information dated July 30, 2014. Included are medical records dated March 29, 2013, and July 15, 2013. The most recent note is dated July 15, 2013, and this documentation is actually not a recent progress report supporting the request for physical therapy, rather, it is one of 2 supplemental AME reports from 2013. The claimant's complaints or symptoms for which therapy has been requested is not disclosed, nor is there recent documentation referencing the physical examination. Previous treatment is referenced in this 2013. AME supplement that includes cervical epidural steroid injections, shoulder injections, "some therapy", and pharmacotherapy. A request had been made for 8 additional sessions of physical therapy and this was not certified in the pre-authorization process on June 4, 2014, rather, a modification of 4 sessions of therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy eight sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 10 visits for management of these symptoms. Based on the clinical documentation provided, it appears that this request is for additional therapy. There is insufficient medical documentation accompanying this review, to support the request for therapy. There's no documentation of a flare of symptoms. The number of therapy visits recently provided is not disclosed and documentation of objective gains with the therapy provided is not available. Based on the records available, there is insufficient documentation to substantiate the medical necessity of this request. Therefore, this request for physical therapy is not recommended.