

Case Number:	CM14-0090504		
Date Assigned:	07/25/2014	Date of Injury:	12/19/2013
Decision Date:	09/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old female who suffered injuries to multiple body parts as a result of a motor vehicle accident on 12/19/13. The injured worker has been followed for stenosis of the cervical spine, lumbar strain, lumbar degenerative disc disease, carpal tunnel syndrome and vertigo. Clinical note dated 04/23/14 notes the injured worker had recently completed a course of physical therapy for the neck and back. The injured worker reported improvement about both areas but did complain of continued low back pain which radiated down the left lower extremity with sitting for extended periods of time. This note indicates the injured worker's physical therapist recommended additional physical therapy sessions for the low back. A request was submitted for additional physical therapy on 06/04/14 with the primary diagnosis of spinal stenosis in the cervical region. This request was denied by utilization review and an independent medical review was submitted on 06/16/14 with the diagnoses of cervical stenosis and lumbar degenerative disc disease. There are no treatment notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT eval x1, Therapeutic exercises x8, Manual therapy x8: 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, pages 98-99 of 127 Page(s): 98-99 OF 127.

Decision rationale: Records indicate the injured worker has received previous treatment with physical therapy; however, there are no treatment records submitted for review. There are no objective examination findings which determined that previous therapeutic exercise has been successful in improving the injured worker's functional abilities. There are no therapeutic goals submitted for review and submitted documentation does not reveal functional deficits which would substantiate the need for the requested therapeutic treatment. The amount of treatment to date is unknown. Based on the information provided, medical necessity for a physical therapy evaluation, therapeutic exercises x8 and manual therapy x8 is not established.