

Case Number:	CM14-0091110		
Date Assigned:	09/10/2014	Date of Injury:	06/06/1996
Decision Date:	10/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 58 year-old male with a date of injury of 6/6/1996. The patient's industrially related diagnoses include chronic neck pain, cervical post-laminectomy syndrome, right shoulder and upper extremity pain, lumbar radiculopathy, lumbar disc degeneration, and chronic low back pain. The patient has previously been treated with physical therapy. In recent notes, there are PT visit throughout May 2014. The disputed issue is a request for additional physical therapy. A utilization review determination on 6/9/2014 had noncertified this request. The stated rationale for the denial was that the injured worker already had previous therapy and there was no "measurable objective function gains made with previous treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2X week X3 weeks for neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section, Page(s): page(s) 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement

can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT in May 2014. There is no comprehensive summary of how many sessions have been attended in total over the course of this chronic injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.