MAXIMUS Federal Services

Case Number:	CM14-0184393		
Date Assigned:	11/10/2014	Date of Injury:	04/01/2012
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 & 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 04/01/2012. The date of an initial physician review under appeal is 10/28/2014. On 10/20/2014, the patient was seen in orthopedic follow-up with regard to the diagnoses of bilateral shoulder acromioclavicular arthrosis, multiple small cervical disc herniation, and a bilateral shoulder sprain as well as lumbosacral sprain with radicular symptoms. The treating physician noted that the patient was in need of physical therapy since the patient was injured. The treating physician noted the patient demonstrated loss of range of motion and needed to gain further strength and motor to enhance healing progress and opined that the patient continue with active therapy until maximum medical improvement had been reached regarding strength, range of motion, and overall conditioning and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x3 for the Low Back: 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): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent active home rehabilitation program. This is a chronic case in which such independent home rehabilitation would be expected to have been reached by this time. The records do not provide a rationale as to why the stated goals require additional supervised therapy rather independent home rehabilitation. Overall this request is not medically necessary.