

Case Number:	CM14-0188787		
Date Assigned:	11/19/2014	Date of Injury:	11/20/2011
Decision Date:	04/22/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 11/20/2011. She has reported injury to the neck and low back. The diagnoses have included cervicalgia; sprain lumbar region; pain in joint shoulder; and disorders of sacrum. Treatment to date has included medications, diagnostic studies, injections, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and physical therapy. Medications have included Motrin, Zanaflex, and Gabapentin. A progress report from the treating provider, dated 10/02/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain; pain at the piriformis and her sacroiliac joint; and has just finished physical therapy sessions with excellent benefit. Objective exam noted no acute findings. The treatment plan has included continuation of current medications; and continuation of physical therapy sessions. The current request is for six (6) additional physical therapy sessions for the lumbosacral/right gluteal area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional physical therapy sessions for the lumbosacral/right gluteal area: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Physical medicine treatment.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for chronic neck and gluteal/sacroiliac pain. Treatments have included physical therapy and instruction in a home exercise program with treatments referenced as having produced an excellent response. The claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested therapy was not medically necessary.