

Case Number:	CM14-0206756		
Date Assigned:	12/18/2014	Date of Injury:	07/16/2008
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57 year-old female with a 7/16/2008 date of injury. On 11/25/14 Utilization Review denied a request for PT x12, from an 11/17/14 request. The 11/17/14 medical report was not provided for this review. According to the 11/25/14 utilization review letter, the patient's diagnoses from 11/17/14 included lumbalgia, cervicgia and lumbar spinal stenosis. 5 medical records were provided for this review from 2/12/14 through 7/28/14. The available records show the patient had knee replacement surgery in January 2014, carpal tunnel surgery in 2000 and 2003 and thumb surgery in 2007. There is no indication that the patient has had a recent surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Physical therapy

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

Decision rationale: The request is for Physical Therapy x12 visits. The medical report that requested the PT and/or provided a rationale for PT was not available for this review. The available records did not indicate that the patient had any recent surgical procedures, or indicate whether the patient was in any MTUS postsurgical physical medicine treatment timeframe. It appears that the MTUS Chronic Pain Medical Treatment Guidelines would apply. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for PT x12 will exceed the MTUS recommendations. The request for Physical Therapy x12 visits IS NOT medically necessary.