

Case Number:	CM14-0206866		
Date Assigned:	12/18/2014	Date of Injury:	03/24/2014
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
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 Internal Medicine, has a subspecialty in Geriatrics Medicine and is licensed to practice in New York. 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 man with a date of injury of 3/24/14. He was seen for a follow-up visit by his treating physician on 11/11/14. He reported that with starting physical therapy and a vigorous exercise program that his pain had been worse. He had two additional sessions of therapy and wondered if he would improve in the near future. His exam showed slight nodularity of the left medial latissimus dorsi. The left levator scapula was minimally indurated. He was given the same work restrictions for another four weeks and a request for an additional six physical therapy sessions for 'an appropriate stretching and exercise program' was made which is at issue in this review. His diagnoses were contusion of back and sprain of shoulder and upper arm. The physical therapy note of 11/10/14 stated that he felt that physical therapy had not made much of a difference. Post-treatment, he had diminished mid back pain and no complaints of headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck and Upper Back Procedure Summary

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. Additionally, he did not report benefit from therapy and reported that he felt it worsened his pain. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.