

Case Number:	CM14-0207759		
Date Assigned:	12/19/2014	Date of Injury:	08/15/2008
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice 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:

Patient had a date of injury on 8/15/2008. Diagnosis includes cubital tunnel syndrome, lumbago, cervicgia, shoulder pain. Patient has had L5-S1 posterior lumbar interbody fusion on 4/2011, C5-C6 cervical total disc replacement and C6-C7 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical/Lumbar (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to guidelines, it states "physical therapy should be done along with a home exercise program." There is no documentation as to why physical therapy is needed and no documentation of a home based exercise plan or improvement from previous physical therapy; therefore, the request for physical therapy is not medically necessary.