

Case Number:	CM14-0218742		
Date Assigned:	01/08/2015	Date of Injury:	03/04/2013
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old male sustained work related industrial injuries on March 4, 2013. The mechanism of injury involved falling while on a metal cage attached to a forklift, hitting his lower back and right knee on a metal bar. The injured worker subsequently complained of pain in the cervical spine, left shoulder, lower back, right knee and right hip. The injured worker was diagnosed and treated for cervical radiculopathy, cervical spinal stenosis, cervical myofascial pain, left shoulder pain and right knee pain. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, physical therapy, acupuncture therapy, consultations and periodic follow up visits. Per treating provider report dated December 9, 2014, the injured worker continued to complain of pain to the cervical spine with limited range of motion secondary to pain. The injured worker also complained of pain to his left shoulder blade and numbness to left hand. Physical exam revealed tenderness in the paracervical and trapezius and decreased neck range of motion. There was positive tingling of three fingers on the left hand. Documentation noted that the left shoulder was weak with restricted forward flexion, full internal rotation to T11 with pain and pain with resisted external rotation. As of December 9, 2014, the injured worker remains on modified work restrictions. The provider recommendations were to continue NSAID, cervical stretching and physical therapy to lumbar spine for core strengthening. The treating physician prescribed services for 8 physical therapy visits for the lumbar spine twice a week for four weeks now under review. There was a Request for Authorization submitted to support the request dated 12/10/2014. On December 17, 2014, the Utilization Review (UR) evaluated the prescription for 8 physical therapy visits for the lumbar spine twice a week for four

weeks requested on December 10, 2014. Upon review of the clinical information, UR non-certified the request for 8 physical therapy visits for the lumbar spine twice a week for four weeks, noting the lack of sufficient clinical documentation to support medical necessity for request, and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the lumbar spine twice a week for four weeks: 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): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation indicating the quantity of physical therapy sessions attended and the objective functional benefit that was received. There was a lack of documentation of objective functional deficits remaining to support the necessity for ongoing therapy. Given the above and the lack of documentation of exceptional factors, the request for 8 physical therapy visits for the lumbar spine twice a week for 4 weeks is not medically necessary.