

Case Number:	CM15-0005678		
Date Assigned:	01/26/2015	Date of Injury:	12/23/2013
Decision Date:	03/18/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/12/2015

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

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:

The injured worker is a 26 year old male who sustained an industrial injury on December 23, 2013. He has reported neck pain, mid back pain, lumbar spine pain, left shoulder pain, and bilateral knee pain and has been diagnosed with cervical spine herniated nucleus polposus with radiculopathy, thoracic spine sprain/strain, lumbar spine myoligamentous injury, rule out herniated nucleus polposus, left shoulder rotator cuff tear, and bilateral knee myoligamentous injury. Treatment to date has included medical imaging, medications, physical therapy, TENS unit, hot packs, and ice packs. Currently the injured worker complains of neck pain, mid back pain, lumbar spine pain, left shoulder pain, and bilateral knee pain. The treatment plans include follow up, chiropractic treatment, and physical therapy. On January 3, 2015 Utilization Review non certified 12 physical therapy visits, 3 times per week for 4 weeks, for neck, lumbar, and thoracic citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for neck, lumbar, and thoracic spines: Upheld

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

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

Decision rationale: The patient was injured on 12/23/13 and presents with neck pain, mid back pain, lumbar spine pain, left shoulder pain, and bilateral knee pain. The request is for PHYSICAL THERAPY 3 X 4 FOR NECK, LUMBAR, AND THORACIC SPINE. The 12/16/14 RFA states that the request is for physical therapy 3 x 4 for the neck, mid-back, lumbar spine, and bilateral knees. He is temporarily totally disabled. The utilization review letter states that the patient has undergone an extensive course of physical therapy. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not mention if the patient has had any recent surgery. The utilization review letter states that the patient has "undergone an extensive course of physical therapy." There are two therapy notes provided from 07/28/14 and 08/04/14 which indicate that the patient's symptoms are "unchanged." An additional 12 sessions of therapy to the two sessions she has already had exceeds what is recommended by MTUS guidelines. Furthermore, the patient's prior sessions of therapy did not provide any benefit. The requested physical therapy IS NOT medically necessary.