

Case Number:	CM15-0008329		
Date Assigned:	01/23/2015	Date of Injury:	06/04/2009
Decision Date:	12/11/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female who reported an injury on 06/04/2009 due to an unspecified mechanism of injury. On 12/15/2014, she presented for a physical therapy evaluation. It was noted that she had been for 12 physical therapy sessions for the cervical and lumbar spine. It was noted that she had made improvement, but continued to complain of pain in the back and neck, although they were noted to have steadily decreased. She also reported feeling more freedom of motion and less pain overall in the back and neck. A physical examination of the cervical spine showed forward flexion to 60 degrees, fingertip to floor at 26 cm, lateral flexion to 27 degrees, extension to 38 degrees, lateral flexion on the right to 33 degrees, rotation on the right to 65 degrees, rotation on the left to 60 degrees, and hamstring flexibility to 80 degrees. Hypermobility and pain was noted through the T1, C7, C6, L4, and L5. There was also hypertonic paraspinals globally with lumbar and cervical paraspinals right more than the left. She had a negative straight leg raise and negative Spurling's. The treatment plan was for outpatient additional physical therapy for 12 sessions for the lumbar and cervical spine. The rationale for treatment was to continue to treat the injured worker's remaining deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional Physical Therapy for twelve (12) sessions to the lumbar spine and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and Neck Chapter, Web Edition.

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

Decision rationale: The California MTUS Guidelines recommend physical therapy for 9 visits over 10 weeks for myalgia and myositis unspecified. For neuralgia and neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to have already attended 12 sessions of physical therapy for the lumbar and cervical spine. While it was noted that she made improvement, the request for additional sessions exceeds the guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines, therefore, the request for additional sessions would not be supported. As such, the request is not medically necessary.