

Case Number:	CM15-0009359		
Date Assigned:	01/27/2015	Date of Injury:	08/28/2009
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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 53 year old male, who sustained an industrial injury on August 28, 2009. He has reported multiple injuries. The diagnoses have included cervical spine strain with radiculopathy, left shoulder strain with impingement, and lumbar strain with left sacroiliac joint strain and radiculopathy. Treatment to date has included medications, a home exercise program, and physical therapy. Currently, the IW complains of intermittent moderate neck pain with spasms. His cervical spine is noted to be tender with muscle spasms demonstrated. His lumbar spine is noted to have tenderness, and a restricted range of motion due to pain. On December 15, 2014, Utilization Review non-certified eight physical therapy visits for the cervical and lumbar spine, based on MTUS, Chronic pain guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of eight physical therapy visits for the cervical and lumbar spine.

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 cervical and lumbar spine: Upheld

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

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

Decision rationale: This patient presents with neck, left shoulder and low back pain. The current request is for 8 PHYSICAL THERAPY VISITS FOR THE CERVICAL AND LUMBAR SPINE. The Utilization review denied the request stating that there was "no evidence of objective functional improvement" from prior therapy. For physical medicine the MTUS guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. Progress reports dated 11/11/14 noted that "physical therapy has helped relieve pain and increase range of motion in the past." The Utilization review states that the patient's treatment history includes physical therapy. The number of completed physical therapy visits to date are not provided in the medical reports. In this case, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request. The requested physical therapy IS NOT medically necessary.