

Case Number:	CM15-0009507		
Date Assigned:	01/27/2015	Date of Injury:	06/06/2009
Decision Date:	04/02/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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, 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:

The injured worker is a 58-year-old female who reported an injury on 06/06/2009 while climbing into a large van. The injured worker reportedly sustained an injury to her cervical spine, low back, and shoulder. The injured worker received extensive treatment, to include chiropractic care and physical therapy. The injured worker was evaluated on 12/01/2014. It was documented that the injured worker complained of 7/10 neck pain, 8/10 shoulder pain, and 7/10 low back pain. Physical findings included tenderness to palpation of the lumbar spine with restricted range of motion of the lumbar spine and cervical spine. The injured worker's diagnoses included a sprained shoulder/arm, rotator cuff tear, and lumbosacral degenerative disc disease. The injured worker's treatment plan included continuation of physical therapy for the cervical and lumbar spine. A Request for Authorization dated 12/02/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of physiotherapy for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested 6 additional sessions of physiotherapy for the cervical and lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker received physical therapy in 05/2014 and 09/2014. California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for myofascial and radicular pain. However, California Medical Treatment Utilization Schedule does recommend that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any indication that the injured worker is participating in a home exercise program. There are no factors to preclude further progress of the injured worker while participating in a home exercise program. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested 6 additional sessions of physiotherapy for the cervical and lumbar spine are not medically necessary or appropriate.