

Case Number:	CM15-0106112		
Date Assigned:	06/10/2015	Date of Injury:	10/01/2007
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency Medicine

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 sustained an industrial injury on 10/01/2007. The injured worker is currently off work. The injured worker is currently diagnosed as having cervical/thoracic/lumbar spine MFS with bilateral radicular pain, bilateral sciatica, right shoulder sprain/contusion with possible internal derangement, and right wrist/hand sprain/contusion with possible internal derangement. Treatment and diagnostics to date has included physical therapy with relief, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 04/28/2015, the injured worker presented with complaints of increased pain to her back that radiates into her shoulder and hands. Objective findings include lumbar tenderness with spasms. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 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.

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

Decision rationale: The requested Physical therapy spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has increased pain to her back that radiates into her shoulder and hands. Objective findings include lumbar tenderness with spasms. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy spine is not medically necessary.