

Case Number:	CM15-0131108		
Date Assigned:	07/17/2015	Date of Injury:	07/31/2014
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 49 year old female, who sustained an industrial injury on 7/31/2014. She reported injuries to the neck, back and bilateral shoulders from an elevator accident. Diagnoses include cervical sprain/strain without radiculopathy, multilevel cervical spondylosis and stenosis, bilateral shoulder sprain, thoracic sprain, lumbosacral sprain, and lumbar spondylosis with spondylosis and radiation to left lower extremity. Treatments to date include rest, medication therapy, and physical therapy. Currently, she complained of ongoing pain in the neck, upper back, shoulders and low back. On 5/16/15, the physical examination documented decreased cervical range of motion with crepitus. The left shoulder was tender with positive Neer and Hawkins tests. The plan of care included physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. Patient has completed 12 sessions of physical therapy to date. There is no documentation of objective functional improvement. Physical therapy, 12 sessions 2 x 6 is not medically necessary.