

Case Number:	CM15-0137698		
Date Assigned:	07/27/2015	Date of Injury:	12/31/2013
Decision Date:	08/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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
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:

This 32 year old woman sustained an industrial injury on 12/31/2013. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 5/29/2014. Diagnoses include cervical spine disc protrusion with radiculopathy, lumbar spine myospasms, and right hip tendinitis. Treatment has included oral medications, home stretching, chiropractic care, and physical therapy. Physician notes dated 6/15/2015 show complaints of cervical spine pain with radiculopathy and intermittent right arm tingling and numbness, right shoulder and upper arm pain with radiation to the right elbow rated 8/10, low back pain with radiation down the to the right knee, buttock, and hand pain rated 7/10. Recommendations include cervical spine epidural steroid injection, physical therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Lumbar Spine and Right Hip: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (12 sessions documented). There is no appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. Guidelines recommend a maximum of 10 PT sessions for patient's diagnosis. This request alone exceed guideline recommendations. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.