

Case Number:	CM15-0141441		
Date Assigned:	07/31/2015	Date of Injury:	08/04/2010
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 56 year old female sustained an industrial injury on 8-04-10. She subsequently reported neck, low back and bilateral knee pain. Diagnoses include neck sprain, cervicalgia, cervical spondylosis and bilateral shoulder impingement. Treatments to date include x-ray, ultrasound and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck pain. Upon examination, there is cervical spine tenderness and pain over the lumbar paraspinal muscles with reduced range of motion in the examined areas. Range of motion in the bilateral hips, knees and ankles is reduced. Tinel's tests at the bilateral wrists are positive, Phalen's tests are painful bilaterally at the wrists. A request for Physical therapy 2 times a week for 6 weeks, neck, lumbar, bilateral knees was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, neck, lumbar, bilateral knees: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that active physical therapy (PT) is based upon the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, function and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. For myalgias and myositis, 9-10 treatments over 8 weeks is appropriate. In this case, the patient was injured on 08/04/2010, but there is no documentation of the total number of PT treatments over the past 5 years. There is no documentation of functional improvement with prior therapy. It is also unclear as to why the patient cannot perform a home exercise program. 12 sessions also exceeds the recommended number of 9-10. Therefore, the request is not medically necessary.