

Case Number:	CM15-0162747		
Date Assigned:	08/31/2015	Date of Injury:	02/23/2015
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female sustained an industrial injury on 2-23-15. Diagnoses include lumbar radiculopathy and post concussion syndrome. Treatments to date include MRI testing, chiropractic care, physical therapy and prescription pain medications. The injured worker has continued complaints of pain in low back, buttocks, thigh, leg and foot on the right side. Upon examination, there is decreased sensation in the right L5 dermatome. Pain and numbness were noted in the right leg. Lumbar range of motion was diminished. A request for PT Cervical x 6-12 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:

PT Cervical x 6-12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. A note dated 7/25/15 indicates the patient had benefit from the last 2 sessions, but the functional benefit and total number of recent sessions of PT is not available. Therefore, additional physical therapy is not medically necessary.