

Case Number:	CM15-0189744		
Date Assigned:	10/01/2015	Date of Injury:	08/29/2012
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 08-29-2012. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for fibromyalgia syndrome, depression due to pain, chronic sprain-strain of cervicothoracic spine, bilateral shoulder tendinitis with impingement, chronic sprain-strain of thoracolumbosacral spine, and bilateral knee pain. Treatment and diagnostics to date has included electromyography-nerve conduction velocity studies, psychiatric treatment, and medications. Recent medications have included Gabapentin, Xanax, Ambien, and Celexa. After review of the progress note dated 07-22-2015, the injured worker reported musculoskeletal pains. Objective findings included "no focal neurological deficits appreciated". A progress note dated 08-19-2015 noted no change since last examination. The Utilization Review with a decision date of 09-08-2015 non-certified the request for physical therapy 3x6 weeks for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X6 Weeks for Cervical Spine #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Physical Therapy 3X6 Weeks for Cervical Spine #18. The requesting treating physician report was not found in the documents provided for review. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the cervical spine. The patient's status is not post-surgical. In this case, the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

Physical Therapy 3x6 weeks for Lumbar Spine #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Physical Therapy 3X6 Weeks for Lumbar Spine #18. The requesting treating physician report was not found in the documents provided for review. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.