

Case Number:	CM15-0191791		
Date Assigned:	10/05/2015	Date of Injury:	09/27/2014
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: Pennsylvania, Ohio, California
 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 66 year old male, who sustained an industrial injury on September 27, 2015, incurring right knee, neck, right shoulder, head and lower back injuries. He was diagnosed with a cervical sprain, right shoulder strain and biceps hematoma, lumbar disc herniation, right knee meniscal tear and closed head trauma. Treatment included physical therapy, and home exercise program, knee immobilizer, lumbar epidural steroid injection, pain medications, muscle relaxants, and activity restrictions. Currently, the injured worker complained of persistent pain in his neck rating the pain 6-7 out of 10 on a pain scale from 0 to 10. He complained of chronic pain in the lower back radiating down into the right leg and consistent pain in the right shoulder, right knee, right ankle and hands. This pain interfered with the injured worker's activities of daily living including hygiene, self-care, grooming, changing positions, and household chores. He noted limited and painful range of motion of the cervical spine and frequent headaches two to three times a month followed by nosebleeds. As of March, 2015, the injured worker had twelve physical therapy sessions for the cervical spine. He was diagnosed with chronic cervical strain. The treatment plan that was requested for authorization on September 19, 2015, included additional physical therapy for the cervical spine twice a week for six weeks. On September 2, 2015, a request for additional physical therapy for the cervical spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 times a week for 6 weeks additional physical therapy for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 06/25/15), Physical Therapy.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.