

Case Number:	CM15-0198934		
Date Assigned:	10/14/2015	Date of Injury:	12/10/2010
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

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

The injured worker is a 43 year old male, who sustained an industrial injury on December 10, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spine strain, thoracic spine strain, lumbar spine disc bulge, left elbow lateral humeral epicondyle, failed right knee surgery, left knee surgery, right foot strain and left foot strain. Treatment to date has included diagnostic studies, surgery and medication. On September 2, 2015, the injured worker complained of pain in his neck, upper back and lower back. He complained of headaches and low back pain that radiated to the left leg. Physical examination revealed painful range of motion of the lumbar spine. The treatment plan included physical therapy and chiropractic treatment to cervical spine, thoracic spine, lumbar spine and knees. Some of this handwritten progress report remained illegible. On September 15, 2015, utilization review denied a request for physical therapy for the lumbar, cervical and thoracic spine at once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - Spine (Lumbar/Cervical/Thoracic) 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009,

Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function.

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

Decision rationale: Physical Therapy - Spine (Lumbar/Cervical/Thoracic) 1x6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior spine sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of prior knee PT. Without clarification of this information, the request for physical therapy is not medically necessary.