

Case Number:	CM15-0199932		
Date Assigned:	10/15/2015	Date of Injury:	10/22/2014
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California
 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 10-22-2014. Medical records indicate the worker is undergoing treatment for lumbar sprain, cervical degenerative disc disease, lumbar degenerative disc disease, right knee post arthroscopy, bilateral lower extremity contusions and possible pelvic fracture. A recent progress report dated 8-31- 2015, reported the injured worker complained of back pain that improved from 8 out of 10 to 2-3 out of 10 with physical therapy and decreased her pain medicine usage. Physical examination revealed upper neck and back tenderness cervical flexion and extension were painful, low back- coccyx tenderness and normal gait. Treatment to date has included 12-16 requested physical therapy sessions-unsure how many physical therapy visits were completed and medication management. On 8-31-2015, the Request for Authorization requested physical therapy-6 Sessions over 12 Weeks, Back Neck and Pelvis. On 9-16-2015, the Utilization Review noncertified the request for physical therapy-6 Sessions over 12 Weeks, Back Neck and Pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 6 Sessions over 12 Weeks, Back Neck and Pelvis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines physical therapy is recommended not to exceed 8-10 sessions with additional therapy to be completed at home. In this case, the claimant had completed 12-16 sessions of therapy with improvement. There is no indication that additional exercises cannot be completed independently. In addition, the request for an additional 6 sessions exceeds the guidelines recommendations and is not medically necessary.