

Case Number:	CM15-0200645		
Date Assigned:	10/16/2015	Date of Injury:	05/06/2015
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female, who sustained an industrial-work injury on 5-6-15. She reported initial complaints of back, neck, and right foot pain. The injured worker was diagnosed as having myofascial strain, cervical spine and thoracic spine. Treatment to date has included medication and 12 physical therapy sessions (somewhat helpful). Currently, the injured worker complains of neck and intermittent upper and lower back soreness as well as right groin soreness, right foot soreness, and tightness in the base of the neck. Per the primary physician's progress report (PR-2) on 7-7-15, exam notes no spinal tenderness, no muscle spasms, full range of motion, no foot drop, right thigh non tender to palpation, full range of motion, right knee non tender, ligaments stable, negative drawer test, no swelling, ecchymosis, right foot able to bear weight, full range of motion. Current plan of care includes Ibuprofen, ice-heat application, physical therapy, and orthopedic consult. The Request for Authorization requested service to include physical therapy 2 times a week for 3 weeks neck and upper trapezius. The Utilization Review on 9-22-15 denied the request for physical therapy 2 times a week for 3 weeks neck and upper trapezius, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks neck and upper Trapezius: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 5-6-15. The medical records provided indicate the diagnosis of myofascial strain, cervical spine and thoracic spine. Treatment to date has included medication and 12 physical therapy sessions (somewhat helpful). The medical records provided for review do not indicate a medical necessity for physical therapy 2 times a week for 3 weeks neck and upper Trapezius. The MTUS recommends states that patients are instructed and expected to continue active therapies at home, as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The medical records indicate the injured worker has had 12 physical therapy visits. The requested treatment is not medically necessary; the MTUS recommends a maximum of 10 visits followed by home exercise treatment.