

Case Number:	CM15-0201469		
Date Assigned:	10/16/2015	Date of Injury:	07/18/2005
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
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: 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 44 year old female who sustained an industrial injury on July 18, 2015. The worker is being treated for: right sacroiliac joint dysfunction, cervical facet arthropathy, myofascial strain, bilateral carpal tunnel syndrome, lumbar, and thoracic myofascial strain, cervical radiculitis, lumbago. Subjective: April 27, 2015 neck, back, right shoulder, and right elbow pain, sleep difficulty. Medications: April 27, 2015 Naproxen, Ketoprofen cream, and Tramadol and trial of Lunesta. Diagnostic testing: nerve conduction EMG study, MRI times two, CT scans. Treatment modalities: pain management, injection sacroiliac on April 15, 2015, physical therapy, acupuncture. On September 09, 2015 a request was made for physical therapy session 16 to lumbar and cervical spine that was noncertified by Utilization Review on September 16, 2015.

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 8 weeks for the lumbar and cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

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

Decision rationale: The medical records indicate the patient has complaints of neck pain, back pain, right shoulder and right elbow pain. The current request for consideration is physical therapy 2 times a week for 8 weeks for the lumbar and cervical. The attending physician report dated 8/20/15, page (115c), recommends cervical/lumbar stabilization using modalities. The CA MTUS does recommend physical therapy for musculoskeletal injuries at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed at least 23 physical therapy sessions in 2011. Continuation of physical therapy is predicated on objective documentation of functional improvement. The medical records offer no discussion of objective improvement from previous physical therapy. Furthermore, the current request of 16 PT sessions exceeds the 9-10 sessions that MTUS recommends. Therefore, the current request is not medically necessary.