

Case Number:	CM15-0208051		
Date Assigned:	10/27/2015	Date of Injury:	03/21/2011
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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

Certification(s)/Specialty: Emergency 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 60 year old male who sustained an industrial injury on 3-21-11. The injured worker reported low back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for low back pain with radiculopathy, cervical strain and right shoulder impingement. Provider documentation dated 9-21-15 noted the work status as "maintain regular work". Treatment has included status post cervical fusion (October 2014), magnetic resonance imaging, activity modification, and physical therapy. Objective findings dated 9-21-15 were notable for lumbar spine with tenderness, positive left sided straight leg raise, pain upon range of motion. The original utilization review (10-6-15) denied a request for additional physical therapy, twice weekly for 4 weeks, low back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for 4 weeks, low back and neck: 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: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions. At least 8 was completed sometime in April-May 2015, however it is unlikely these were the only sessions since patient had neck surgery documented as well. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.