MAXIMUS Federal Services

Case Number:	CM15-0209602		
Date Assigned:	10/28/2015	Date of Injury:	05/15/2013
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/24/2015

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 35 year old male who sustained an industrial injury 05-15-13. A review of the medical records reveals the injured worker is undergoing treatment for central and lumbar radiculopathy, myofascial pain, and tender spinal and paraspinal muscles. Medical records (09-25-15) reveal the injured worker complains of chronic pain in the neck and shoulders radiating down the arms, and low back pain radiating down the legs to the feet, which is not rated. The physical exam reveals (09-25-15) full range of motion of the cervical spine with pain, tenderness and trigger points, paraspinal muscles. Some difficulties were noted with range of motion of the lumbar spine due to pain. The notes are handwritten and difficult to decipher. Prior treatment includes medications including Norco, Topamax, gabapentin, Nortriptyline, and trazadone, as well as an unknown number of physical therapy sessions. The original utilization review (10-14-15) non-certified the request for 12 physical therapy sessions to the upper and lower extremities.

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 6 weeks for the upper and lower extremities: 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 patient presents with pain affecting the neck and shoulders with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for Physical therapy 2 times a week for 6 weeks for the upper and lower extremities. The treating physician report dated 9/25/15 (75B) notes that the patient has received PT previously. The UR report dated 10/14/15 notes that the patient has received at least 27 sessions of physical therapy to date. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 27 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received at least 27 sessions of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.