

Case Number:	CM15-0020378		
Date Assigned:	02/10/2015	Date of Injury:	11/22/2013
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 39-year-old female who reported injury on 11/22/2013. The injured worker's mechanism of injury was the injured worker was driving a car from her office to a school location and was involved in a motor vehicle accident. Prior treatments included massage, physical therapy and chiropractic treatment. The documentation of 12/29/2014, revealed physical therapy improved her condition. The physical examination of the lumbar spine revealed 90 degrees of forward flexion with a combination of lumbar flexion and hip rotation. The injured worker was able to perform a deep knee bend and a toe and heel walk. The injured worker had a nonantalgic gait. The injured worker had intact sensation to light touch and temperature. The injured worker's motor strength was 5/5 and deep tendon reflexes were +2/4. The diagnoses included chronic left neck, shoulder, upper, mid and low back, buttock and leg pain and myofascial pain syndrome. The discussion included that the injured worker had approximately 16 visits of physical therapy, but had persistent pain in the lumbar spine. As such, the request was for additional rehabilitation for her back including stretching and release techniques 2 times a week x4 weeks.

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, Lumbar Spine Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had undergone 16 sessions of therapy previously. There was a lack of documentation of objective functional benefit from prior therapy, and there was a lack of documentation of objective functional deficits remaining to support the necessity for additional therapy. Given the above, the request for additional physical therapy twice weekly lumbar spine, quantity 8 is not medically necessary.