

Case Number:	CM15-0021608		
Date Assigned:	02/11/2015	Date of Injury:	01/28/2013
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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 41-year-old male who reported an injury on 01/28/2013. The mechanism of injury was the injured worker was working under a car and held onto a pressure bar when the tool broke. As it broke, the piece that was on the hand swung backwards causing the injured worker to strike the back of his head on the other side of the car as he jumped up. The injured worker underwent an MRI of the cervical spine. The prior treatments included modified work, 14 sessions of physical therapy, a home exercise program, and 8 visits of chiropractic care. The injured worker underwent an x-ray of the cervical spine and CT of the head. On the documentation of 12/22/2014, the injured worker had tenderness to palpation and discomfort with his lower cervical and upper thoracic area. The injured worker indicated he got pain in the upper back and occasionally into the arms. The injured worker was noted to be in the office for a medication refill. The physical examination revealed tenderness to palpation in the spinous processes from the lower cervical through upper thoracic spine. The diagnoses included cervicgia and thoracic pain. The treatment plan included physical therapy. Physical therapy was noted to have helped in the past and he had not had any recently. As such, the physician was requesting therapy. The medications included Norco, naproxen, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for the neck and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of objective functional deficits that remained. Additionally, the request exceeds guideline recommendations. Given the above and the lack of documentation, the request for additional physical therapy 2 x6 for the neck and thoracic spine is not medically necessary.