

Case Number:	CM15-0220233		
Date Assigned:	11/13/2015	Date of Injury:	03/28/2013
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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 52-year-old male injured worker suffered an industrial injury on 3-28-2013. The diagnoses included cervical strain and thoracic and rib strain. On 10-19-2015 the provider reported left neck pain referred into the left cervicobrachial junction. The Spine-Q had been helpful yet he could only use this for short amounts of time as this can be very hard. The foam roller was used for home exercise program yet he still could not access the interscapular region that is still plaguing him. On exam there was moderate pain over the #3 through #6 with right #4 through #9 with paraspinal spasms and tenderness. There was slight pain on bilateral rotation referring to the opposite sides. The medical record did not include specific number of sessions of therapy with time limits and specific goals of treatment. Utilization Review on 10-30-2015 determined non-certification for Physical therapy with heat, OMT, and Stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with heat, OMT, and Stabilization: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested physical therapy with heat, OMT, and Stabilization, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has left neck pain referred into the left cervicobrachial junction. The Spine-Q had been helpful yet he could only use this for short amounts of time as this can be very hard. The foam roller was used for home exercise program yet he still could not access the interscapular region that is still plaguing him. On exam there was moderate pain over the #3 through #6 with right #4 through #9 with paraspinal spasms and tenderness. There was slight pain on bilateral rotation referring to the opposite sides. The medical record did not include specific number of sessions of therapy with time limits and specific goals of treatment. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy with heat, OMT, and Stabilization is not medically necessary.