

Case Number:	CM15-0031442		
Date Assigned:	02/24/2015	Date of Injury:	10/24/2013
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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 53-year-old female who reported an injury on 10/24/2013. The mechanism of injury was not provided. Prior therapies included physical therapy. The injured worker underwent an MRI of the lumbar spine. The diagnoses included right ankle calcaneal fracture, right heel, back pain, and neck pain. The documentation of 01/27/2015 revealed the injured worker sustained a slip and fall from approximately 14 feet. The injured worker was having mild discomfort in the cervical spine but significant discomfort in the lumbar spine and right foot. The injured worker was noted to have a non-displaced traversed L2 vertebral body fracture as well as a significantly comminuted but mildly displaced intra-articular right calcaneal fracture. The injured worker had numbness radiating down the right arm. There was pain in the right shoulder, but not down the arm itself. The injured worker was noted to have a few more sessions available with the psychologist and behavioral therapy. The medications were not provided. The injured worker was noted to have a short leg cast on the right. The injured worker underwent MRIs and lumbar spine radiographs. The treatment plan included physical therapy with cervical traction. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

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

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. The recommendation is for 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 deficits remaining and documentation of objective functional improvement from prior therapy. The request as submitted failed to indicate the body part to be treated. Given the above, the request for physical therapy 2x6 is not medically necessary.