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| Case Number: | CM15-0034997 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 08/02/2011 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 (IW) is a 57-year-old male, who sustained an industrial injury on 08/02/2011. He reported pain in the left arm and shoulder, cervical spine and low back. The injured worker was diagnosed as having low back pain, neck pain, cervical disc disease, lumbar disc disease, cervical spine small disc protrusion and multilevel degenerative changes, lumbar spine small disc protrusion and multilevel degenerative changes, and triggering of the right third digit with tenderness over the A1 pulley. Treatment to date has included MRI's of the cervical spine, lumbar spine, and left shoulder, with an electro diagnostic study on 01/27/2012. Currently, the injured worker complains of pain in the neck, lower back, left shoulder, left elbow, bilateral wrists and right foot. The treatment plan includes requests for a MRI of the left elbow, a hand consult, physical therapy of the cervical and lumbar spine, an internal medicine consult regarding upper gastrointestinal symptoms secondary to non-steroidal anti-inflammatory medication, and written prescriptions for Naprosyn a and Prilosec. The current treatment request submitted was for 12 physical therapy sessions for the cervical and lumbar spine between 1/27/15 and 3/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical and lumbar spine between 1/27/15 and 3/13/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Preface, Physical therapy.

Decision rationale: The request for physical therapy for cervical and lumbar spine is not medically necessary. The patient is documented to have decreased range of motion of cervical and lumbar spine with decreased grip strength and paresthesias. The patient may benefit from physical therapy but the request for 12 sessions would exceed the maximum recommended of sessions as per MTUS guidelines. The maximum number is 10 sessions for myalgias and neuralgias. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. Therefore, the request is considered not medically necessary as stated.