

Case Number:	CM15-0035368		
Date Assigned:	03/03/2015	Date of Injury:	04/01/2012
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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 52 year old male, who sustained an industrial injury on 4/01/2012. The diagnoses have included cervical strain and disc bulging and lumbosacral strain and disc bulging. Treatment to date has included diagnostic imaging, EMG (electromyography)/NCV (nerve conduction studies), modified work, physical therapy, acupuncture, chiropractic and medications. Currently, the IW complains of neck pain, lower back pain with radiation to the lower extremities and right knee pain. Objective findings included tenderness to palpation of the cervical and lumbosacral spine. On 2/10/2015, Utilization Review modified a request for additional physical therapy (2x3) noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/25/2015, the injured worker submitted an application for IMR for review of physical therapy times three for the lumbar spine, cervical spine and right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks for the lumbar spine, cervical spine and right leg: Overturned

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

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

Decision rationale: The 2/10/15 Utilization Review letter states the Physical therapy two times a week for three weeks for the lumbar spine, cervical spine and right leg requested on the 12/04/14 medical report was modified to allow 3 sessions because the patient had physical therapy in the past which was not helpful. According to the 12/4/14 medical report, it was chiropractic care that was not helpful. The 9/9/14 report states acupuncture did not help. There does not appear to have been any recent physical therapy provided. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for PT x6 does not exceed the MTUS guidelines. The request for "physical therapy two times a week for three weeks for the lumbar spine, cervical spine and right leg" IS medically necessary.