

Case Number:	CM15-0036092		
Date Assigned:	03/04/2015	Date of Injury:	04/24/2009
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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 York, West Virginia, Pennsylvania
 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 injured male worker, who sustained an industrial injury on 4/2/09. The injured worker has complaints of severe back pain radiating into his right shoulder and right arm. Examination shows restricted flexion, extension and rotation of the neck; sensation was intact and he has some weakness of the biceps of the left verses the right and his brachioradialis reflex was diminished. According to the utilization review performed on 2/16/15, the requested 8 physical therapy sessions for the lumbar spine has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Physical Therapy Medicine was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion and can alleviate discomfort. In this case, the patient complains of neck pain radiating down his arms. Documentation was lacking on the lumbar spine and there was no notation regarding whether or not the patient had undergone physical therapy on the lumbar spine in the past. Thus the request for physical therapy of the lumbar spine is not medically necessary and appropriate.