

Case Number:	CM15-0036912		
Date Assigned:	03/05/2015	Date of Injury:	04/28/2012
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male who sustained a work related injury on April 28, 2012, after incurring traumatic injuries to his neck, back head and shoulders from an assault. He was diagnosed with status post assault with head trauma, traumatic brain injury, fractured ribs, facial fractures, left clavicle fracture, and pneumothorax. Treatments included multiple surgeries, pain medications, psychotherapy sessions and physical therapy. Currently, the injured worker complained of constant pain to the back and sides of his neck, radiating to his shoulders, upper arm, wrist, and hand with numbness and tingling. He complained of constant right hip, thigh and knee pain associated with weakness. On February 26, 2015, a request for a service of eight physical therapy treatments for the lumbar spine and right shoulder was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy- 8 treatments (lumbar spine and right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. The submitted documentation do not indicate whether a home exercise program was pursued, and what type of outcome came about from a HEP. Although the patient has not had PT in over a year, there should be nonetheless a summary of PT to date and HEP to date. Therefore additional physical therapy is not medically necessary.