

Case Number:	CM15-0041623		
Date Assigned:	03/11/2015	Date of Injury:	03/12/2014
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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 is a 55 year old female, who sustained an industrial injury on 3/12/2014. The diagnoses have included chronic cervical and lumbar strain. Treatment to date has included medication. Per the progress note dated 12/16/2014, the injured worker complained of pain in the lower back and left side of the neck that fluctuated. Her left arm and left lower leg went numb at night. Physical exam revealed left knee tenderness. The injured worker was using Naprosyn which was helpful. According to the progress report dated 2/5/2015, the injured worker complained of increased numbness in both legs and sciatica more in both legs low back to knees. She complained of pain in both wrists and elbows. The treatment plan was for physical therapy, imaging and electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3, Cervical Spine and Lumbar, quantity 6: 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): 98-99.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, physical therapy is used to increase range of motion, decrease pain, increase mobility, function, and endurance. As per the chart, the patient had decreased forward flexion of spine but otherwise full range of motion. There was documentation of thoracolumbar sprain but there was no documentation of other exam findings and affect on function. The patient had some paresthesias, but not findings that would benefit from physical therapy. Therefore, the request is considered not medically necessary.