

Case Number:	CM15-0042586		
Date Assigned:	03/12/2015	Date of Injury:	09/16/2013
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 worker is a 53-year-old female, who sustained an industrial injury on September 16, 2013. The injured worker was diagnosed as having musculos tendon ligamentous sprain/train, disc bulging, radiculopathy, sacroiliac dysfunction, chronic pain, lumbar facet arthropathy and insomnia. Treatment to date has included physiotherapy, walking, home exercises and medication. A progress note dated January 15, 2015 the injured worker complains of neck and shoulder blade pain and that her low back, left hand and right hand pain remains unchanged since her last visit. She rates her pain intermittent as 0/10 and at times 5/10. She reports her sleep as poor and her mood as poor. Her mobility is fair. The plan is for medication, physical therapy, home exercise, and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

Decision rationale: The requested Physical Therapy three times a week for four weeks, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck and shoulder blade pain and that her low back, left hand and right hand pain remains unchanged since her last visit. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy three times a week for four weeks is not medically necessary.