

Case Number:	CM15-0048031		
Date Assigned:	03/20/2015	Date of Injury:	07/02/2012
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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 50-year-old female, who sustained a work/ industrial injury on 7/2/12. She has reported initial symptoms of neck, back, chest wall, and shoulder pain. The injured worker was diagnosed as having sprain/strain of shoulder, sprain of thoracic spine, sprain/strain. Treatments to date included medication, physical therapy, and home exercise therapy. Currently, the injured worker complains of persistent upper back, neck, and shoulder pain. The treating physician's report (PR-2) from 2/25/15 indicated the injured worker was doing well with therapy for the thoracic spine. Neck range of motion was 100% with no tenderness with palpation. Medications included Releaf, Soma, and topical Biofreeze. Treatment plan included Physical Therapy, 2 times weekly for 3 weeks, Thoracic Spine (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 3 weeks, Thoracic Spine (6 sessions): 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 because the patient has had 24 sessions of physical therapy. According to MTUS, the maximum number of recommended visits for myalgias/neuralgias is 10 visits, which the patient has already surpassed. There is no documentation of functional improvement and the patient should be able to continue with a home exercise program at this point. Therefore, the request is considered not medically necessary.