

Case Number:	CM14-0121274		
Date Assigned:	08/06/2014	Date of Injury:	06/20/2012
Decision Date:	10/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Florida and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male who was injured on June 20, 2012. The mechanism of injury is being hit by a sign that was overhead on a crane and dropped. The diagnoses are listed as acromioclavicular (joint) (ligament) sprain (840.0), sprains and strains of sacroiliac region (846), sprain of neck (847.0), sprain lumbar region (847.2). The most recent progress note dated 6/9/14, noted developed atrophy, weakness and stiffness in his cervical and lumbar spine. Physical examination reveals cervical range of motion intact, tenderness across the trapezius and cervical paraspinal musculature, tenderness within the parascapular region bilaterally, severe spasm noted along the lumbar paraspinal musculature, tender to palpation, sensory and motor functions tested in the lower extremities are intact and symmetric, straight leg raise is negative. 4/7/14 reveals complaints of pain and limitations relating to the lumbar spine. Prior treatment includes physical therapy, chiropractic care, and massage therapy. A prior utilization review determination dated 7/18/14 resulted in denial of additional physical therapy, cervical and lumbar spine date of service 01/15/14, 01/22/14, 02/12/14 per 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Add'l physical therapy, cervical and lumbar spine dos 01/15/14, 01/22/14, 02/12/14 per 6/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This injured worker was diagnosed with cervical and lumbar strain on 02/06/14 with an original date of injury 06/20/12. Additional therapy was requested. Specifically in the note of this date 10 additional chiropractic treatments were recommended. There is no discussion of why additional therapy as opposed to a home exercise program was recommended. There is no discussion of which therapies were provided heretofore and how additional therapy would be beneficial. In addition there are no medical notes discussing the need for skilled therapy that precede or correlate to 01/15/14, 01/22/14 or 06/18/14. Although the medical visit of 02/06/14 preceded the physical therapy (PT) visit of 02/12/14 it is unclear what the goals were and why the IW could not precede to a home exercise program instead of formal PT. The guidelines cited support for transition to a home exercise program. Therefore the request is not medically necessary.