

Case Number:	CM14-0122239		
Date Assigned:	09/23/2014	Date of Injury:	06/19/2013
Decision Date:	12/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 43-year-old man with a date of injury of June 19, 2013. The mechanism of injury occurred when he was hit on the left side of the face by a patient. The accepted injury is to the facial bones, neck, mouth, and left shoulder, Current diagnoses are major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety disorder and chronic pain, stress-related psychological response affecting headaches, status-post head injury, headaches, and diabetes. Treatment has included medications, diagnostics, psychotherapy, medical office visits, home exercise program, and physical therapy (PT). Pursuant to the handwritten and partly illegible Primary Treating Physician's Progress Report (PR-2) dated June 18, 2014, the IW reports that his neck is feeling better, but still sore. He reports that he feels anxious. Objectively, the provider documents that there has been functional improvement since his last visit. He reports that the IW is attending physical therapy, which is helpful. Current medications are not documented. The treatment plan includes continued PT 2 times a week for 6 weeks to the cervical, thoracic, and lumbar spine. It is unclear in the medical record as to how many PT sessions that IW has been completed thus far. According to a clinical note dated May 12, 2014 by [REDACTED] D.C., the IW was to receive chiropractic physiotherapy to his and lumbar spine 2 times a week for 6 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (frequency unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, Thoracic and Low Back Section, Physical Therapy

Decision rationale: Pursuant to the official disability guidelines, physical therapy to the cervical spine, thoracic spine and lumbar spine (frequency unspecified) is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, negative direction, or no direction (prior to continuing with physical therapy). The guidelines state one should allow for fading of treatment frequency (from up to three visits per week to one or less) plus active self-directed home physical therapy. See guidelines for specific frequency of cervical spine, thoracic spine and lumbar spine. In this case, the injured worker was 43 years old with a date of injury June 19, 2013. The injured worker sustained injuries to his neck, mouth and left shoulder. Treatment to date has included medications, psychotherapy, follow-up visits, home exercise program and physical therapy. Additional physical therapy is recommended when there is objective functional improvement documented in medical record. There is insufficient documentation indicating objective functional improvement from the prior physical therapy sessions. There was subjective improvement with exacerbations of symptoms during the course of physical therapy. Additionally, the frequency of physical therapy is unspecified on the new request. Consequently, absent the appropriate documentation (functional improvement and frequency), additional physical therapy is not clinically indicated. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy frequency unspecified is not medically necessary.