

Case Number:	CM14-0129128		
Date Assigned:	08/18/2014	Date of Injury:	04/17/1997
Decision Date:	09/19/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 and is licensed to practice in Illinois. 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 67-year-old female who reported an injury, the mechanism of which is unknown, on 04/17/1997. On 06/12/2014, it was noted that she had no new incidents of head weakness or head dropping forward. She reported her pain as ongoing without any significant flare ups. The submitted documentation shows that this worker had 34 sessions of physical therapy between 01/28/2014 and 06/12/2014. It was noted on 04/03/2014 that this worker had gone on a 1 week trip to [REDACTED] as a lobbyist and patient advocate. She stated that during her trip to [REDACTED] (regarding her cervical and thoracic spine), she felt fatigued but there were no major flare ups. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty four (24) Physical therapy sessions for neck: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The injured worker has already completed 34 visits of physical therapy and the requested additional 24 visits exceed the recommendations in the guidelines. Therefore, this request for Twenty four (24) Physical therapy sessions for neck is not medically necessary and appropriate.