

Case Number:	CM14-0137125		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2012
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 69-year-old female was reportedly injured on July 12, 2012. The mechanism of injury is stated to be a slip and fall. The most recent progress note, dated August 7, 2014, indicates that there are ongoing complaints of head and neck pain, right shoulder pain, low back pain, and right ankle pain. The physical examination demonstrated no tenderness or spasms of the upper back. There was normal cervical spine range of motion. There was slightly decreased right shoulder range of motion and a positive impingement test. The examination of the lumbar spine revealed decreased range of motion and spasms. No tenderness and full range of motion were noted at the right ankle. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for physical therapy three times a week for three weeks for the right foot/ankle, bilateral shoulders, head, neck, and back and was not certified in the pre-authorization process on August 11, 2014.

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 three weeks for Right Foot and Ankle, Right Ankle, Bilateral Shoulder, Head, Back, Neck QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the progress note dated August 7, 2014, there were no abnormal physical examination findings of the cervical spine and the right ankle that would indicate the need for physical therapy. Additionally, it is unclear what type of physical therapy is requested for the head. For these reasons and without additional clarification, this request for physical therapy three times a week for three weeks for the right foot/ankle, bilateral shoulders, head, neck, and back is not medically necessary.