

Case Number:	CM14-0142668		
Date Assigned:	09/10/2014	Date of Injury:	09/10/2013
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/03/2014

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 Texas. 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:

Medical records reflect the claimant is a 44 year old male who sustained a work injury on 9-10-13. Office visit on 5-28-14 notes the claimant reports aching low back pain, constant headaches, right shoulder and neck pain. On exam, the claimant has tenderness at the lumbar spine, thoracic spine with muscle spasms. The claimant is status post cervical fracture, cervical radiculitis, cervical-thoracic and lumbar sprain strain and strain, right shoulder impingement and left wrist sprain. Medical Records reflect the claimant has had physical therapy in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time per week for 4 weeks to the cervical, thoracic, lumbar, right shoulder, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back- Physical Therapy

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

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG note that one should 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 claimant had been provided with physical therapy in the past. Response to prior physical therapy is not provided. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed post injury. Therefore, the medical necessity of this request is not established.