

Case Number:	CM14-0164089		
Date Assigned:	10/08/2014	Date of Injury:	07/17/2012
Decision Date:	11/14/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 61 year old female who sustained a work injury on 7-17-12. Office visit on 9-19-14 notes the claimant has significant complaints of neck and low back pain. She rated her neck pain as 9/10 with numbness and pins and needles sensation in her fingers that she rates as 8/10. Low back pain is rated as 9/10 with radiating to the lower extremities. She reports stabbing hip pain which she rates as 9/10, she reports stabbing in her right leg rated as 8/10. She has numbness and pins and needles sensation in her knees with stabbing pain rated as 7/10. She is attending physical therapy which she reports is helping. She also uses a compound cream which she states it is helping. On exam, she has decreased range of motion at the cervical spine with significant pain. She has abnormal right gait. DTR is intact. Abduction and extension in her shoulder is limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two times a week for 4 weeks for the Lumbar/Cervical/Shoulder:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Pain, Suffering, and the Restoration of Function Chapter, Page 114, as well as <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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 sessions recently and notes it is helping. However, she continues with high levels of pain. No documentation of objective functional improvement. 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. Therefore, the medical necessity of this request is not established. The request for Physical Therapy Two times a week for 4 weeks for the Lumbar/Cervical/Shoulder is not medically necessary.