

Case Number:	CM14-0173394		
Date Assigned:	10/24/2014	Date of Injury:	07/20/2012
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in Colorado. 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 46 year old male with a date of injury of 7/20/2012. He continues treatment with treating physician. Diagnoses include thoracic strain and cervical strain. No records were supplied that indicate current or previous treatments, physical findings, or discussions of pain levels / relief, or functional improvement. The treating physician requests physical therapy for thoracic and cervical regions, 18 total sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times per week for six weeks cervical, thoracic bilateral shoulders:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended, both passive and active therapies, for short term pain relief as well as long term pain relief and improvement of function. The guidelines specify number of visits recommended for specific pain disorders. For myalgia / myositis, characteristic of thoracic

and cervical strains, physical therapy can be recommended 9-10 visits over 8 weeks. The only records supplied on the patient of concern are the utilization review note / denial and a single addendum to a treatment form from the treating physician, dated 8/2014, that is largely illegible. As no documentation is supplied that indicates previous therapies tried or that provides indications for current therapy, and as current physical therapy request exceeds recommended maximums, the request for Physical Therapy is not medically necessary.