

Case Number:	CM14-0173563		
Date Assigned:	10/24/2014	Date of Injury:	07/31/2014
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 62 yo male who sustained an industrial injury on 07/31/2014. The mechanism of injury occurred while lifting a heavy object. His diagnoses include cervical spine sprain, bilateral shoulder sprain, right knee sprain, and right hip sprain. He continues to complain on neck and low back pain. On physical exam there is decreased range of motion of the cervical and lumbar spine. There was decreased sensation to light touch of the right upper arm. There was a positive straight leg raise test with normal reflexes. The right shoulder had decreased range of motion with positive impingement and apprehension test. The right hip had decreased range of motion. Treatment has included medications, physical therapy chiropractic therapy and acupuncture. The treating provider has requested 12 Physical Therapy visits for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for The Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 98.

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of neck and low back pain. Recommendations state that for most patients with more severe acute and subacute pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 6 physical therapy sessions without any documentation of functional improvement. There is no specific indication for 12 additional sessions. Medical necessity for the requested additional 12 physical therapy sessions has not been established. The requested service is not medically necessary.