

Case Number:	CM14-0083117		
Date Assigned:	07/21/2014	Date of Injury:	07/24/2013
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/04/2014

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 23-year-old individual was reportedly injured on July 24, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of right trapezius pain. It was noted that the injured employee was performing his regular work. The physical examination demonstrated a 5'6", 185 pound individual in no acute distress. The cervical spine range of motion was reported normal, and there were normal motor function and sensory function of the bilateral upper extremities. Diagnostic imaging studies reported minimal disc bulging the cervical spine. Previous treatment included multiple medications, injection therapies, and physical therapy. A request had been made for additional physical therapy and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 3 times a week for 2 weeks for Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: When considering the date of injury, the injury sustained, the findings on physical examination and the response to previous physical therapy interventions, there is no clear clinical indication presented of the medical necessity of additional physical therapy. Furthermore, as outlined in the ACOEM, a home exercise protocol is supported. Therefore, when noting the parameters in the ACM guidelines, the medical necessity of this intervention is not established.