

Case Number:	CM14-0093569		
Date Assigned:	07/25/2014	Date of Injury:	11/05/2013
Decision Date:	10/22/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 sustained an industrial injury on November 5, 2013. The industrial diagnoses include chronic neck pain, neck sprain, shoulder pain, chronic low back pain, and lumbar neuritis. The patient has completed 12 sessions of physical therapy in the past and the disputed issue is a request for an additional 12 sessions of physical therapy. Recent physical therapy notes indicate that there was moderate spasm and soft tissue restriction, as documented on May 14, 2014. The patient has some difficulty with activities of daily living. The disputed request is for additional physical therapy 3 times a week for 4 weeks for the neck, low back, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 12 sessions for neck, lumbar, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section>, Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed a full course of physical therapy in the past. The claims administrator has

stated that the injured worker has already had 12 sessions of previous physical therapy to date, and there is no indication as to what functional benefit the patient received. There is submission of a physical therapy initial evaluation on April 2, 2014, but this does not comment on the outcome of previous physical therapy that this worker has completed. The guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore, additional physical therapy is not medically necessary per MTUS guidelines.