

Case Number:	CM14-0097708		
Date Assigned:	07/30/2014	Date of Injury:	09/01/1992
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Illinois. 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 65-year-old female who reported an injury on 09/01/1992. She was diagnosed with degenerative disc disease. Her past treatments were noted to include medications. On 05/20/2014, the injured worker presented with complaints of myofascial pain, poor sleep and deconditioning. Her physical examination revealed diffuse myofascial pain. The treatment plan included physical therapy as it was noted that the injured worker had never had physical therapy. Physical therapy was noted to be recommended for a gait evaluation, to improve function and to decrease pain. The Request for Authorization form was submitted on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 12 week QTY: 24: 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 Physical medicine Page(s): 98-99..

Decision rationale: According to the California MTUS Guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis, up to 10 visits, to promote

functional gains. The clinical information submitted for review indicated that the injured worker had never had physical therapy. Therefore, an initial trial would be supported, however the documentation failed to indicate objective functional deficits on physical examination. In the absence of functional deficits, physical medicine treatment is not supported. In addition, the request for treatment 2 times a week for 12 weeks exceeds the guideline recommendations for a total of 10 visits. For the reasons noted above, the request is not medically necessary and appropriate.