

Case Number:	CM14-0177374		
Date Assigned:	10/30/2014	Date of Injury:	06/12/2014
Decision Date:	10/27/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 57-year-old female, who sustained an industrial injury on 6-12-14. Medical record indicated the injured worker is undergoing treatment for cervical pain, low back pain, shoulder pain and knee pain. Treatment to date has included at least 15 physical therapy treatments, oral medications and activity modifications. Currently on 9-26-14, the injured worker complains of pain to cervical spine, lumbar spine and bilateral knees. Work status is noted to be temporarily very disabled. On 9-26-14, physical exam revealed pain and tenderness to lumbar spine and cervical spine with limited range of motion and increased pain level when performing activities of daily living. On 9-29-14, a request for authorization was submitted for 12 physical therapy sessions, and Anaprox 550mg, Protonix 20mg #30 and Norco 5-325mg. It is noted pain symptoms improve with physical therapy. On 10-9-14 utilization review non-certified a request for 12 physical therapy visits noting there is no clinical documentation to justify the need for any physical therapy to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional outpatient physical therapy for the lumbar spine, 2 sessions per week for 6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 12 additional outpatient physical therapy for the lumbar spine, 2 sessions per week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.