

Case Number:	CM15-0007784		
Date Assigned:	01/26/2015	Date of Injury:	03/17/2014
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 27 year old male, who sustained an industrial injury on 1/11/2011. On 1/14/15, the injured worker submitted an application for IMR for review of Continued Physical Therapy 2 times a week for 6 weeks (12 visits). The treating provider has reported the injured worker has complaints of neck pain, lumbar pain and right shoulder pain. The diagnoses have included cervicalgia, contusion to right shoulder, face/scalp, sprain/strain lumbar region, abrasion OT. Treatment to date has included physical therapy (x19), x-ray (3/19/14) cervical spine and lumbar spine, MRI lumbar spine (7/18/14). On 12/22/14 Utilization Review non-certified of Continued Physical Therapy 2 times a week for 6 weeks (12 visits) the MTUS 2009 Chronic Pain (page 98) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Page(s): 98-99..

Decision rationale: Per the MTUS, physical medicine is recommended with very specific guidelines allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, unspecified :9-10 visits over 8 weeks. A review of the injured workers medical records reveal that she has already had up to 19 sessions of physical therapy and there is nothing in her current presentation that necessitates deviating from the guidelines, therefore a request for continued physical therapy 2 times a week for 6 weeks for a total of 12 visits is not medically necessary.