

Case Number:	CM15-0011840		
Date Assigned:	01/29/2015	Date of Injury:	08/16/2011
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 08/16/2011. The mechanism of injury was noted to be continuous trauma. The documentation of 11/18/2014, revealed the injured worker had cervical, thoracic, and lumbar pain. The physical examination revealed tenderness to palpation over the paraspinal musculature of the cervical spine. The injured worker had tenderness to palpation over the right and left trapezius, and a positive Hoffmann's on the left. The injured worker had tenderness to palpation over the paraspinal musculature of the thoracic and lumbar spine. There were spasms over the thoracic and lumbar paravertebral musculature. The treatment plan included physical therapy for the thoracic and lumbar spine, and cervical spine. The physician indicated that the injured worker should have an MRI prior to cervical spine therapy. The medications included anti-inflammatory medications and Prilosec. The diagnoses included thoracic, lumbar and cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits (2 times a week for 6 weeks) for the cervical, thoracic and lumbar spine: 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: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The request for 12 physical therapy visits exceed guideline recommendations. The injury was reported on 08/16/2011. The prior therapies were not provided for review, to indicate whether the injured worker had prior physical therapy. There was a lack of documentation of objective functional deficits to support the necessity for physical medicine treatment. Given the above, the request for 12 physical therapy visits, 2 times a week for 6 weeks, for the cervical, thoracic, and lumbar spine is not medically necessary.