

Case Number:	CM15-0015583		
Date Assigned:	02/03/2015	Date of Injury:	12/08/1998
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66 year old female who sustained an industrial injury on 12/08/1998. The current diagnoses include lumbar stenosis, right hip osteoarthritis, lumbar degenerative disc disease, history of depression, and cervical strain. Treatments to date include medication management, pressure point injection, and prior physical therapy (per the utilization reviewer). Report dated 01/05/2015 noted that the injured worker presented with complaints that included pain and stiffness. Physical examination was positive for abnormal findings which include tenderness in the cervical spine. The utilization review performed on 01/14/2015 non-certified a prescription for physical therapy, evaluate and treat based on the documentation submitted did not support any objective functional improvement with previous physical therapy and no indication the injured worker has failed to benefit from a home exercise program. The reviewer referenced the California MTUS guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, evaluate and treat: Upheld

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

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

Decision rationale: This 66 year old female has complained of neck pain and low back pain since date of injury 12/8/98. She has been treated with physical therapy, injections and medications. The current request is for physical therapy evaluation and treatment. Per the MTUS guidelines cited above, the medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical documentation and per the MTUS guidelines cited above, physical therapy evaluation and treatment is not indicated as medically necessary.