

Case Number:	CM15-0017591		
Date Assigned:	02/05/2015	Date of Injury:	07/03/2013
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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 41-year-old male who reported injury on 07/03/2013. The mechanism of injury was the injured worker was catching a falling patient while at work as a rehabilitation therapist assistant. The injured worker's diagnoses included lumbago, cervicgia, pain in joint shoulder region, and degeneration of the cervical intervertebral disc. The injured worker underwent an MRI of the cervical spine. Prior therapies included physical therapy for the shoulder, a daily exercise program, and medications. The documentation of 01/02/2015 revealed the injured worker had neck pain. The documentation indicated the injured worker was utilizing naproxen approximately once a week. The physical examination of the cervical spine revealed cervical spine alignment was normal. There was no erythema. The Spurling's sign was negative. The injured worker did not have trigger points and did not have muscle spasms. The diagnoses included degeneration of cervical intervertebral disc. An additional diagnosis was cervicgia. The treatment plan included physical therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 clinical documentation submitted for review failed to indicate the injured worker had objective functional deficits that would respond to therapy. There was a lack of myotomal or dermatomal findings to support a necessity for therapy. The request as submitted failed to indicate the body part to be treated. Given the above, the request for physical therapy twice a week for 6 weeks is not medically necessary.