

Case Number:	CM15-0019300		
Date Assigned:	02/04/2015	Date of Injury:	07/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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

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:

A 64 year old female who sustained an industrial injury on 07/22/2014. Current diagnoses include lumbar spine sprain/strain, herniated nucleus propulsus , and cervical spine sprain/strain. Previous treatments included medication management, back brace, physical therapy, and home exercise program. Report dated 11/14/2014 noted that the injured worker presented with complaints that included neck pain, bilateral shoulder pain, and low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/16/2015 non-certified a prescription for Physical therapy for the cervical spine and bilateral shoulders, 2 times a week for 3 weeks, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official disability 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 for the cervical spine and bilateral shoulders, 2 times a week for 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Physical therapy

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

Decision rationale: The patient presents with pain in her neck, shoulder and lower back. The request is for 6 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS. The review of the reports indicates that the patient has had physical therapy in the past. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. Reports do seem to indicate that the patient recently had some therapy. The treater does not explain why the patient is unable to transition into a home program. The treater does not discuss the request. The request of physical therapy IS NOT medically necessary.