

Case Number:	CM15-0113799		
Date Assigned:	06/22/2015	Date of Injury:	08/12/2006
Decision Date:	07/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 8/12/2006, resulting from a motor vehicle accident. The injured worker was diagnosed as having cervicgia with radiculopathy. Treatment to date has included diagnostics, physical rehabilitation, left shoulder surgery in 8/2012, injections, activity limitation, and medications. Currently, the injured worker complains of low back and neck pain. His back pain was documented as significantly improved after treatments, which included a radiofrequency rhizotomy on 4/01/2015 (bilateral L1, L2 and L3). He currently rated neck pain 8/10. Current medications included Tylenol and Cymbalta. Exam of the cervical spine noted tenderness to palpation of the paraspinal musculature and painful extension and rotation. The treatment plan included physical therapy, 2x6. It was documented that physical therapy would be beneficial to help strengthen muscles weakened from disuse, due to pain. Physical therapy will help create a home exercise program. The pain management report (4/01/2015) noted previously implemented conservative cares to have included physical rehabilitation. Progress notes from previous therapies were not noted. The number of completed sessions/dates/body parts/results could not be determined. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), Physical/Occupational Therapy.

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

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary. The patient has had previous physical therapy sessions without any documentation of subjective or objective improvement. The number of sessions was not included in the chart. Functional improvement was not documented. There were no physical therapy notes included in the chart. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks, which the patient may have already met. Another 12 sessions would exceed this limit. The request above also does not specify what the physical therapy is for. Therefore, the request is not medically necessary.