

Case Number:	CM15-0119091		
Date Assigned:	06/29/2015	Date of Injury:	07/11/2011
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male, who sustained an industrial injury on 7/11/2011. He reported developing neck pain, low back pain, and right knee pain from cumulative trauma and routine activities. Diagnoses include lumbar degenerative disc disease, radiculopathy, low back pain, mood disorder, and cervical pain. Treatments to date include medication therapy, and physical therapy for the knee. Currently, he complained of neck pain with radiation to bilateral upper extremities. Pain was rated 8/10 without medication and 4/10 VAS with medication. On 5/11/15, the physical examination documented decreased range of motion and decreased sensation in lower extremity. The plan of care included twelve (12) physical therapy sessions for the neck and bilateral upper extremities and to develop a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy guideline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2011 and continues to be treated for radiating neck pain. He completed physical therapy treatments in 2012/2013. When seen, pain was rated at 8/10. There was a wide based gait. There was decreased and painful cervical and lumbar spine range of motion with trapezius and rhomboid muscle tenderness. There was decreased lower extremity strength and sensation. Medications were refilled. Physical therapy for a home exercise program was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.