

Case Number:	CM15-0123118		
Date Assigned:	07/07/2015	Date of Injury:	06/11/2014
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 06/11/2014. He has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included cervical spine sprain/strain; brachial neuritis; right shoulder sprain/strain, rule out internal derangement; left shoulder sprain/strain, rule out internal derangement; low back pain; lumbar spine sprain/strain; displacement of lumbar intervertebral disc without myelopathy; lumbar spinal stenosis; and status post left L4-5 microdiscectomy, foraminotomy, partial laminotomy, and partial facetectomy, on 02/25/2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Ultracet, Anaprox, Flexeril, and Prilosec. A progress report from the treating physician, dated 04/06/2015, documented an evaluation with the injured worker. The injured worker reported neck pain with associated arm pain; low back pain with associated leg pain; and the numbness, tingling, and weakness are improving. Objective findings included post-operative examination which showed no swelling, tenderness, or warmth; wound is clean and dry; appropriate range of motion; and is neurovascularly intact. The treatment plan has included the request for physical therapy kinetic activities three times six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy kinetic activities three times six visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-60.

Decision rationale: Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy kinetic activities three times six visits is not medically necessary.