

Case Number:	CM15-0124932		
Date Assigned:	07/09/2015	Date of Injury:	07/04/2014
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 28 year old male, who sustained an industrial injury on 7/04/2014. He reported being attacked by a coworker. The injured worker was diagnosed as having cervical pain, shoulder pain, low back pain, and knee pain. Treatment to date has included diagnostics, physical therapy, home exercise program, and medications. Currently, the injured worker complains of neck pain and lower backache, rated 7/10. His pain was rated 9.5/10 with medications. His sleep quality was poor. Medications included Skelaxin, Celebrex, and Colace. He reported benefit with physical therapy. He was approved to start hand therapy for right wrist pain and the treatment plan included additional physical therapy (2x3) for the shoulder, neck, and low back. It was documented that 10/10 sessions were completed, although 21 visits were documented from 12/02/2014 to 4/30/2015. It was also documented that he was able to better care for his child. It was also documented that he was aware of the maximum allotted sessions. His work status remained modified, total temporary disability if unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wk Cervical, Left Shoulder, Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Physical Therapy 2xWk x 4Wk Cervical, left shoulder, low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has met this recommended amount of PT for his condition. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.