

Case Number:	CM15-0125978		
Date Assigned:	07/10/2015	Date of Injury:	04/29/2014
Decision Date:	08/12/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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, Pain Management, 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 54 year old female, who sustained an industrial injury on 4/29/2014. She reported acute abdominal pain during pushing/pulling activities. Diagnoses include traumatic abdominal/umbilical hernia, extensive, status post hernia repair with residual pain, most likely from use of mesh, traumatic cervical strain with radiculitis, traumatic strain of the thoracolumbar spine with myofascitis, and bilateral shoulder strain/sprain, and depression. Treatments to date include psychotherapy and physical therapy. Currently, she complained of pain in the neck, mid back, low back and abdomen from umbilical hernia. On 3/17/15, the physical examination documented generalized abdominal tenderness. The cervical muscles were tender with spasms and trigger points noted. There was decreased sensation in bilateral hands. The lumbar spine was tender with muscle spasms and trigger point noted. There was decreased range of motion and a positive straight leg raise test. The plan of care included physical therapy three times per week for four weeks.

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, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: ODG recommends up to 10 sessions of therapy for back disorders. This request exceeds ODG recommendations. The patient has already received 4 sessions of PT which was reportedly helpful but the patient continues to be considered totally disabled by the PTP and trigger point injections are recommended due to the continued symptoms. Further PT is also recommended after the injections. The patient's prior 4 sessions of PT did not result in any marked reduction in pain or improve function and the current request for PT exceeds ODG. Therefore, this request for additional PT is not medically necessary.