

Case Number:	CM15-0127042		
Date Assigned:	07/13/2015	Date of Injury:	02/11/2015
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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 53 year old male, who sustained an industrial injury on 2/11/2015. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having neck strain, left arm paresthesias and sciatica. Lumbar magnetic resonance imaging showed extensive lumbar spondylosis and a cervical magnetic resonance imaging showed mild spondylosis. Treatment to date has included physical therapy and medication management. In a progress note dated 3/16/2015, the injured worker complains of neck pain and soreness and low back pain. Physical examination showed tender cervical paraspinal muscles. The treating physician is requesting 6 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, additional six (6) sessions (two times three): Upheld

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

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

Decision rationale: Physical therapy, additional six (6) sessions (two times three) 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 had prior PT, however there is no evidence of significant objective functional improvement from prior therapy or no extenuating factors which would necessitate 6 more supervised therapy visits. Additionally, the request does not specify a body part for the therapy therefore this request is not medically necessary.