

Case Number:	CM15-0129181		
Date Assigned:	07/15/2015	Date of Injury:	04/26/2014
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on 4/26/14. The injured worker has complaints of her neck remains tight and sore with tenderness right greater than left back and medial scapular margin and reports it significantly radiates into the upper extremities. The documentation noted that the injured worker has right shoulder pain that is crepitation to range of motion and diffuse tenderness and limited with elevation and overhead activities and painful with maximal internal rotation. On 6/30/15 she has complaints of low back pain that has soreness and tightness in the right low back greater than left and right leg discomfort radiating after sitting over 30 minutes. The right shoulder examination revealed subacromial pain and crepitation to range of motion and there is subacromial margin tenderness on examination. The low back demonstrates focal tenderness in the right low back to palpation without obvious neurological loss in the lower extremities. The diagnoses have included sprain of neck. Treatment to date has included chiropractic treatment; zoloft; buspar and trazodone. The request was for physical therapy for the neck and low back, twice weekly for six weeks. The medication list include zoloft; buspar, Prozac, Gabapentin, Norco and trazodone. The patient was certified for 18 PT visits for this injury. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and low back, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98.

Decision rationale: Request Physical therapy for the neck and low back, twice weekly for six weeks. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". The patient has received a course of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy for the neck and low back, twice weekly for six weeks is not medically necessary for this patient.