

Case Number:	CM15-0026584		
Date Assigned:	02/18/2015	Date of Injury:	09/25/2014
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 related injury on 9/25/14. The injured worker had complaints of back, hip, wrist, and cervical pain. Physical examination findings included normal gait, normal range of motion of all major muscle groups, and tenderness over the lumbar and thoracic paraspinal muscles. Diagnoses included lumbosacral joint strain, low back pain, hip pain, thoracic strain, wrist strain, and cervical strain. Treatment included physical therapy. The treating physician requested authorization for physical therapy 2x4 for the upper back. On 1/16/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there were limited objective findings to support the request. There was also limited evidence of functional limitations as the injured worker was instructed to return to work. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability guidelines, ODG-TWC Neck & Upper Back.

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

Decision rationale: The patient presents with pain affecting the right wrist and cervical, thoracic, and lumbar spine. The current request is for Physical Therapy 2 times a week for 4 weeks. The treating physician states, "Referral initiated to physical therapy to evaluate and treat neck, back, wrist, hip pain, 2 times a week for 4 weeks." (6B) To date, the patient has completed 8 physical therapy visits with a 65% improvement and continues to rate the pain as only a 2/10. The physical therapist stated, "Significant decrease in muscle tension and tenderness to palpation of C/T/L." (2B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and the MTUS guidelines only allows 8-10 sessions of physical therapy. In this case, the treating physician has not given any indication as to why the patient is not able to perform a home exercise program and the requested amount exceeds the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.