

Case Number:	CM15-0061714		
Date Assigned:	04/07/2015	Date of Injury:	10/16/2014
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, California
 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 47 year old male, who sustained an industrial injury on October 16, 2014. The injured worker was noted to have been involved in a severe work related on-duty motor vehicle accident. The injured worker was diagnosed as having cervical spine myoligamentous sprain/strain, cervical disc protrusions, lumbar spine myoligamentous sprain/strain, lumbar disc protrusions, and lacerations of the left index and long fingers. Treatment to date has included physical therapy, x-rays, MRIs, and medication. Currently, the injured worker complains of stiffness in the left index finger, with residual pain. The Primary Treating Physician's report dated February 10, 2015, noted the injured worker's persistent pain improving, completing eighteen additional sessions of physical therapy for the cervical and lumbar spine, with residual pain. The physical examination was noted to show tenderness in the cervical paraventricular muscles and the upper trapezius with increased pain with cervical range of motion (ROM). The dorsal aspect of the left index and long fingers were noted to have healed lacerations, with mild diffuse swelling, and restricted range of motion (ROM). The lumbar spine was noted to have slight tenderness in the paravertebral muscles with painful range of motion (ROM). The treatment plan was noted to include a recommendation for additional physical therapy for the cervical and lumbar spine for stretching and core strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.