

Case Number:	CM15-0067254		
Date Assigned:	04/14/2015	Date of Injury:	09/18/2009
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

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

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 40 year old male, who sustained an industrial injury on September 18, 2009. The mechanism of injury is unknown. The injured worker was diagnosed as having cervicgia, disturbance of skin sensation, myalgia and myositis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, lesion of ulnar nerve, carpal tunnel syndrome, cervical radiculitis, degeneration of cervical intervertebral disc and insomnia unspecified. Treatment to date has included physical therapy, injections, massage therapy, home exercises, medications and an H-wave device. On February 26, 2015, the injured worker noted that his neck and low back pain were better. He finished physical therapy and noticed significant improvement to his range of motion at his neck and low back. He noted that he is trying to manage his pain without opioid therapy. He rated his pain as a 4 on a 1-10 pain scale without medications. The pain was noted to be better with injections and physical therapy. The treatment plan included medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in September 2009 and continues to be treated for neck and back pain. Treatments have included recent physical therapy and as of 02/07/15 he had completed 24 treatments. When seen, he was continuing to perform a home exercise program. The requesting provider documents benefit from a modality in therapy that the claimant doesn't have access to, but the actual modality is not identified. In this case, the claimant has already had an excessive number of treatments. Continued compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote further dependence on therapy provided treatments and modalities. Therefore additional physical therapy is not medically necessary.