

Case Number:	CM15-0067272		
Date Assigned:	04/14/2015	Date of Injury:	02/04/2015
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 9/30/11. Many of the submitted medical records are difficult to decipher. The injured worker was diagnosed as having cervical radiculitis, cervical spondylosis, cervical facet arthropathy, and cervical degenerative disc disease. Treatment to date has included medication. Currently, the injured worker complains of pain in the chest, left arm, left leg, and foot. The treating physician requested authorization for Tramadol 50mg #180. The treatment plan was for medication management, physical therapy, acupuncture, and cervical spine injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation and Physical therapy 2x8 left shoulder, arm, hip and bilateral legs:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, initial evaluation and physical therapy two times per week times eight weeks for the left shoulder, arm, hip and bilateral legs is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder sprain; left arm radic; left hip sprain; bilateral leg pain; C/S and L/S rule out HNP. The documentation is largely illegible regarding subjective and objective complaints. The injured worker was involved in a motor vehicle accident. The request is for an initial evaluation and physical therapy two times per week times eight weeks (16 sessions). The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating provider requested 16 sessions in excess of the recommended guidelines. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for a six visit clinical trial, initial evaluation and physical therapy two times per week times eight weeks for the left shoulder, arm, hip and bilateral legs is not medically necessary.