

Case Number:	CM15-0070262		
Date Assigned:	04/20/2015	Date of Injury:	06/05/2014
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old male who sustained an industrial injury on 6/5/14. The injured worker reported symptoms in the back, right shoulder, and right upper extremity. The injured worker was diagnosed as having cervical strain, right shoulder strain rule out rotator cuff tear, right wrist strain and lumbar strain. Treatments to date have included acupuncture treatment, physical therapy, ice/heat application, massage, oral pain medication, chiropractic treatments, aquatic therapy, and activity modification. Currently, the injured worker complains of discomfort in the back, right shoulder, and right upper extremity. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine 12 sessions: 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 rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has already been provided physical therapy, manipulation, and acupuncture treatments. Efficacy of previous therapy and the status of a home exercise program are not reported. The requested physical therapy for the lumbar spine 12 sessions is outside in excess of the recommended guidelines. The request for physical therapy for the lumbar spine 12 sessions is determined to not be medically necessary.