

Case Number:	CM15-0074585		
Date Assigned:	04/24/2015	Date of Injury:	06/23/2014
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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 28 year old male, who sustained an industrial injury on 6/23/14. He reported neck and upper back pain. The injured worker was diagnosed as having thoracic strain and cervical strain. Treatment to date has included physical therapy, a cervical collar, and medications. Currently, the injured worker complains of neck pain and thoracic spine pain. The treating physician requested authorization to continue physical therapy 3x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy three times a week for 6 weeks: 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 Medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are thoracic strain; and cervical strain. The medical record contains 18 pages in a single progress note dated June 24, 2014. The treatment plan includes physical therapy three times per week times two weeks starting June 25, 2014. The request for authorization is dated March 18, 2015. There are no physical therapy progress notes in the medical record. There are no contemporaneous progress notes on or about the date of request for authorization, March 18, 2015. There is no documentation of objective functional improvement. There is no clinical indication or rationale for additional physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement and a contemporaneous progress note on or about the date of request for authorization (March 18, 2015), physical therapy three times per week times six weeks is not medically necessary.