

Case Number:	CM15-0080142		
Date Assigned:	05/01/2015	Date of Injury:	06/10/2013
Decision Date:	12/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 21 year old male, who sustained an industrial injury on 6-10-2013. The injured worker is undergoing treatment for: back and shoulder pain, cervical, thoracic and lumbar sprain with bilateral sciatica and cervical radicular pain. On 2-27-15, 3-12-15, and 3-27-15, he reported mid and low back and shoulder pain. He reported having problems keeping up with his home exercise program. He also reported radiating pain into the right forearm and occasional headaches, and radiating pain into the bilateral lower extremities. Physical findings revealed decreased range of motion of the low back, positive straight leg raise testing, low back tenderness and spasms, good strength noted and no acute neuro changes, good heel toe walk noted. There is no discussion of the efficacy of the completed physical therapy sessions. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the thoracic spine (2-14-15), magnetic resonance imaging of the pelvis (2-10-15), imaging of the bilateral orbits (2-10-15), home exercise program, and multiple sessions of physical therapy. Medications have included: lidocaine patches, Tylenol, skelaxin. Current work status: off work. The request for authorization is for: additional physical therapy for the cervical, thoracic and lumbar spine, three times weekly for 6 weeks. The UR dated 3-31-15: non-certified the request for additional physical therapy for the cervical, thoracic and lumbar spine, three times weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for cervical, thoracic and lumbar spine 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Additional Physical Therapy for cervical, thoracic and lumbar spine 3 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT without evidence of significant functional improvement. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 18 more supervised therapy visits which would further exceed the number of recommended PT visits for this condition. Therefore, this request is not medically necessary.