

Case Number:	CM14-0143701		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2007
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male who has submitted a claim for chronic pain syndrome associated with an industrial injury date of 02/09/2007. Medical records from 2014 were reviewed and showed that patient complained of low back pain and neck pain. The physical examination revealed tenderness and spasm to the cervical spine with limited range of motion and a diminished sensation of C4-C6 dermatomal distribution. The lumbar spine was tender to palpation and had limited range of motion. Straight leg raise test was positive and decreased sensation at left L5 and bilateral S1 dermatomal distribution was noted. Treatment to date has included medications, chiropractic sessions, acupuncture, surgery and physical therapy (started in December 2013, however, number of sessions was not specified). Utilization review, dated 08/15/2014, denied the request for 12 sessions of physical therapy as it would exceed guidelines recommendations for active therapeutic modalities in the chronic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy in 2013. However, medical records submitted for review did not show the number of physical therapy sessions completed. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Therefore, the request for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS is not medically necessary.