

Case Number:	CM17-0005177		
Date Assigned:	01/12/2017	Date of Injury:	11/02/2016
Decision Date:	02/03/2017	UR Denial Date:	12/19/2016
Priority:	Standard	Application Received:	01/09/2017

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: Utah

Certification(s)/Specialty: Family Practice, Sports 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 53 year old female, who sustained an industrial injury on 11-2-16. The injured worker was diagnosed as having sprain of joints and ligaments in the neck, sprain of ligaments of the lumbar spine, and sprain of the thorax. Treatment to date has included at least 5 physical therapy sessions and medication including Norco and Cyclobenzaprine. Physical exam findings on 12-8-16 included normal gait. Tenderness and spasm were noted in the paracervical and trapezius muscles. Cervical spine range of motion was noted to be unrestricted. Sensation was intact in bilateral upper extremities. Bilateral biceps, brachioradialis, and triceps reflexes were rated as 2 of 4. Spasm and tenderness were noted in the thoracolumbar spine. Patrick-Faber's test was negative. Lumbar spine range of motion was noted to be unrestricted. Bilateral patellar and Achilles deep tendon reflexes were rated as 2 of 4. Sensation was intact in bilateral lower extremities. A straight leg raise test was negative. On 11-18-16, the injured worker complained of pain in the back and neck rated as 0-3 of 10. On 12-8-16 the treating physician requested authorization for additional physical therapy visits 3x2. On 12-19-16 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional 3 visits per week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed at least five sessions of physical therapy to date. There is lack of documentation of functional improvement. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy, as written above, is not a medical necessity to the patient at this time.