

Case Number:	CM13-0009385		
Date Assigned:	10/11/2013	Date of Injury:	01/24/2013
Decision Date:	01/17/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 59-year-old male who reported a work related injury on 01/24/2013, specific mechanism of injury not stated. The patient is being treated for the following diagnosis: cervical and lumbar strains, bilateral cervical and lumbar radiculitis with normal electrodiagnostic studies bilaterally to the upper extremities, multilevel lumbar degenerative disc disease with some foraminal stenosis, multilevel cervical degenerative disc disease with disc bulges and osteophyte and foraminal narrowing, and abdominal aortic aneurism. The most recent clinical note submitted for this review is dated 10/04/2013 by the patient's primary treating provider, [REDACTED]. The provider documents the patient returned for a re-evaluation of his cervical spine and bilateral upper extremities, lumbar spine, and bilateral lower extremities. The provider documented upon physical exam of the patient's cervical spine, range of motion was noted to be at 100% of flexion, 75% extension, and 50% to 75% of bilateral lateral rotation. The patient presented with all negative Winging, Spurling's, Adson's, Tinel's, and Phalen's signs. The provider documented motor strength was noted to be 5/5 throughout the bilateral upper and lower extremities, and sensory exam was within normal limits as well as the remaining neurological exam of 2+ reflexes noted throughout. The provider documented the patient was to resume an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The current request is not supported. The most recent physical exam findings lack evidence of significant objective findings of symptomatology to support supervised therapeutic interventions at this point in the patient's treatment. Additionally, the clinical notes failed to show evidence when the patient last utilized supervised therapeutic interventions, efficacy of treatment, and duration of treatment. California MTUS indicates, "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." Given all of the above, the request for Outpatient Physical Therapy two (2) times a week for four (4) weeks to the cervical spine is not medically necessary or appropriate.