

Case Number:	CM13-0009838		
Date Assigned:	06/13/2014	Date of Injury:	08/03/2012
Decision Date:	07/30/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine 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 injured worker is a female with date of injury 8/3/2012. Per initial worker's compensation evaluation dated 6/26/2013, the injured worker complains of constant neck pain radiating into the shoulders and constant low back pain radiating into hips, buttocks and lower extremities. On examination right grip strength is 0 kg, 0 kg, 0 kg, and left grip strength is 1 kg, 1 kg, 0 kg. Paracervical and trapezius muscles have slight spasm and tenderness to palpation. Neck range of motion has reduced flexion, extension, and bilateral rotation, with normal bilateral lateral bends. Shoulder range of motion demonstrates moderate pain in all directions with right shoulder reduced range of motion in all movements except external rotation and left shoulder reduced extension and adduction only. Bilateral wrists have reduced dorsiflexion and palm flexion without pain. Lumbar paraspinal muscles have slight spasm with no tenderness to palpation. Strength, sensation, and deep tendon reflexes are normal. Special tests are negative. Diagnoses include 1) cervicgia 2) sprain of neck 3) low back syndrome 4) lumbar myofascial sprain-strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, page(s) 98, 99 Page(s): 98, 99.

Decision rationale: The requesting physician recommends physical therapy 3 per week for 4 weeks for cervical and lumbar ROM and core strengthening, and if there is not improvement the injured worker may be referred to a spine specialist. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported. This injured worker may need physical therapy, but the request should be accompanied by previous participation and efficacy of physical therapy. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The recommendation for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. This request is in excess of the recommended number of physical therapy sessions. The request for physical therapy 3x4 is determined to not be medically necessary.