

Case Number:	CM13-0009869		
Date Assigned:	03/03/2014	Date of Injury:	02/10/2010
Decision Date:	07/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & 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 injured worker is a 60 year old female who reported an injury on 02/10/2010 due to unknown mechanism. The injured worker complained of neck pain behind her right ear with numbness that radiates down the right arm to the first three fingers of the right hand, and to bilateral shoulders along with functional limitations with activity of daily living. The injured worker describe the pain as constant pressure, and is rated at 7/10 on the pain scale. On physical examination dated 06/29/2011, there was tenderness to palpation at the right occipital condyle the trapezius, the supraspinous processes of the C4-7. There was numbness throught the left leg. Range of motion flexion at 30 degrees with chin 4 fingers-breadths from sterum, extension at 45 degrees, lateral bending at 20 degrees on the right and 25 degrees on the left, and rotation at 60 degrees on the right and 60 degeed on the left. The injured worker diagnoses are dysthymic disorder, and chronic pain syndrome. The injured worker's medications included, Tramadol, Fentanyl patch, Flector patch, and tranderm SCOP patch. The injured worker's treatments/diagnostics, microscopic cervical dissection dated 09/23/2010, x-ray of the cervical spine dated 09/27/2010, 02/10/2011, and 04/27/2011. Physical therapy sessions started 02/07/2011. The treatment plan was for 32 physical therapy sessions. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

32 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for 32 physical therapy sessions is not medically necessary. The California Medical Utilization schedule (MTUS) states active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker complained of chronic pain to neck, shoulders, and knees. The injured worker started physical therapy on 02/07/2011, there was no mention in the documentation submitted as to the progress of physical therapy, or the number of sessions completed. Post-surgical guidelines indicate, postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. In addition the injured worker underwent cervical fusion dated 09/14/2010, the request exceeds guideline time frame of the post physical medicine period of six months. Given the above the request is not medically necessary.