

Case Number:	CM13-0010776		
Date Assigned:	03/12/2014	Date of Injury:	09/05/2006
Decision Date:	07/30/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/14/2013

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:

Injured worker is a female with date of injury 9/5/2006. Per primary treating physician's progress report dated 7/15/2013, the injured worker complains has chronic neck pain due to degenerative spondylosis of the cervical spine. She continues to have chronic pain worst in the region of the neck and low back. She has a history of lumbar spinal fusion at L5-S1 in 5/2008. She has chronic low back pain that is partially relieved with current analgesic medications. She states that she has no bothersome side effects to the pain medications. She has a progressive loss of physical function worst in the left arm and the left leg. She is unable to turn the tops of jars and doorknobs. She also drops items frequently. She notes weakness of the left leg including left leg giving out at least 2-4 times a month, causing her to fall and get re-injured. Physical therapy has been helpful in the past and is crucial at this time to get her to a stronger more functional condition and to prevent continued falls and re-injury. On examination, lumbar spine range of motion has forward flexion at 70 degrees and extension at 25 degrees. There is muscle spasms noted in lumbar praspinal muscles, guarding of the right lower extremity. Cervical spine has sensory loss/alteration at C6 in left hand (thumb and index finger). She has difficulty lifting and holding up the arms for word processing (C5-6) weakness. She has spasms in both arms, left more than right. Deep tendon reflexes are decreased at left biceps. Diagnoses include 1) chronic neck pain, degenerative cervical spondylosis 2) pain disorder with psychological/general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy on cervical and both bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California 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 number of sessions of physical therapy that the injured worker has participated in, the functional improvements because of these sessions, and why therapy is needed now. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency as a self-directed home exercise program replaces the guided therapy. The requesting physician is recommending 6 physical therapy sessions. The injured worker has had physical therapy sessions previously with benefit. The number of sessions completed is not explained, nor why additional therapy would be needed now instead of utilizing a self-guided home exercise program. The expectation is that a home exercise program replaces therapist-guided physical therapy. The request for physical therapy on cervical and bilateral shoulders is not medically necessary.