

Case Number:	CM13-0011041		
Date Assigned:	09/24/2013	Date of Injury:	01/19/2013
Decision Date:	01/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/16/2013

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 & 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 underlying date of injury in this case is 01/17/2013. The primary treating diagnosis is a cervical strain. The patient is a 76-year-old woman. The patient has received previous physical therapy with reports of decreased thoracic spine pain and decreased cervical spine pain. Overall the patient has received 18 physical therapy sessions and has returned to regular work. Treating physician notes indicate multiple diagnoses including hyponatremia, seizures due to hyponatremia, history of soft tissue infection to the left long finger, T6 compression fracture, and lumbar stenosis with multilevel degenerative disc collapse. A primary treating physician's notes of 06/19/2013 indicates the patient was seen in initial physician evaluation at that time. That physician reviewed a very complex history. The patient's injury since 01/17/2013, including followup with a family doctor for Vicodin for back pain as well as 10 chiropractic treatments for back symptoms, and x-ray showing a compression fracture at T6. At that time on exam the patient's gait was normal. Lumbar motion was decreased in all directions. Lower extremity motor function was intact. The evaluating orthopedist at that time noted the patient was performing her usual and customary job and recommended that the patient start a course of physical therapy in the near future. That course of therapy had been specifically recommended 05/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (12 sessions) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend to allow for fading of treatment frequency plus active self-directed home Physical Medicine. At this time, the medical records outline a complex medical history. It is unclear, however, what specific goals have been proposed for additional physical therapy at this time. The treatment guidelines would not support additional physical therapy without such specific documentation and goals or rationale of the requested treatment. The request for additional physical therapy is not medically necessary and appropriate.