

Case Number:	CM13-0022566		
Date Assigned:	11/13/2013	Date of Injury:	11/30/2012
Decision Date:	02/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

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, has a subspecialty Certificate in Pain Management, 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:

This is a male patient with a date of injury of 11/30/12. A utilization review determination dated 8/13/13 recommends non-certification of physical therapy to the cervical and lumbar spine, 2 x 4. A progress report dated 7/5/13 identifies, "Completed 31 sessions of physical therapy, which helped a little." A progress report dated 8/2/13 identifies subjective complaints including, "Patient completed 6/6 acupuncture sessions. She states it did not help. Her neck pain has 8/10 and her low back pain is a 9-10/10. She states her right arm feels better, has less pain and increased range of motion. Patient admits to taking medications and using the TENS unit at home with no relief. Patient is requesting refill on medications." Objective examination findings identify, "Cervical spine: flex 1 inch from chest, right lateral 35, left lateral 35, extension 60, bilateral rotation 80. Lumbar spine: flex 7 inches from touching floor, extension 30-35, positive TTP right side SI joint." Diagnoses include L/S strain/sprain; disc protrusion L4-5, L5-S1; lumbar radiculopathy; and C/S strain/sprain. The recommended treatment plan is: H-wave unit, physical therapy to the C/S and L/S and meds: Zanaflex and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical and Lumbar Spine, 2x4: Upheld

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

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

Decision rationale: Regarding the request for physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no clear documentation of specific objective functional improvement with the previous 31 sessions of physical therapy. The documentation does not report any remaining functional deficits that cannot be addressed within the context of an independent home exercise program while still expected to improve with formal supervised therapy. In the absence of such documentation, the currently requested physical therapy is not medically necessary.