MAXIMUS Federal Services

Case Number:	CM13-0022649		
Date Assigned:	11/13/2013	Date of Injury:	02/05/2013
Decision Date:	02/11/2014	UR Denial Date:	08/29/2013
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 Family Practice and is licensed to practice in Texas. 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 patient is a 46-year-old female who sustained a work-related injury on 02/05/2013. Subjectively, the patient reported complaints of ongoing lumbar spine pain which she rated as occasional 6/10 with radiation to the bilateral lower extremities. The patient also reported complaints of neck pain with tightness and occasional sharp pain to the arm. Objectively, the patient had tenderness to palpation, spasms, and decreased range of motion. The patient's diagnoses included anterolisthesis, disc protrusion, foraminal stenosis, sprain of the cervical spine, headaches, and lumbosacral sprain with radicular symptoms. A request for authorization for physical therapy 2 times a week for 3 weeks for the cervical spine and lumbar spine was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 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 Page(s): 98-99.

Decision rationale: CA MTUS Guidelines for physical medicine state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort, and that patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The clinical information provided indicates the patient has undergone physical therapy, but there was no documentation submitted for review to determine the patient's progress or compliance with prior physical therapy. Additionally, there is lack of objective documentation of exceptional factors to warrant additional physical therapy beyond guideline recommendations. Furthermore, a home exercise program should be utilized to continue/maintain functional benefit in pain reduction. Given the above, the request for physical therapy 2x3 C/S and L/S is non-certified