

Case Number:	CM13-0023135		
Date Assigned:	11/15/2013	Date of Injury:	12/12/1994
Decision Date:	02/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who sustained a work-related injury on 12/12/1994. The patient's diagnoses include cervical strain, radiculopathy, carpal tunnel syndrome, disc protrusions, insomnia, neuropathic pain, and anxiety and depression. Subjectively, the patient reported complaints of neck pain which he rated 8/10 with radiation into the bilateral upper extremities associated with numbness and tingling. The patient also reported complaints of 8/10 mid and low back pain. Objective findings revealed positive trigger points and tenderness to palpation. The treatment plan included recommendation of continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 submitted for review lacks documentation of a rationale as to why the patient is unable to use an active and self-directed home exercise program. Additionally, the clinical provided lacks documentation of sustained functional improvement or significant pain reduction with prior physical therapy. Furthermore, given the distant period from injury, surgery, and postoperative physical therapy, the patient should be well versed in a home exercise program which should be utilized to maintain functional gains in pain reduction. As such, the request for physical therapy cervical is non-certified.