

Case Number:	CM13-0026995		
Date Assigned:	11/22/2013	Date of Injury:	08/27/2009
Decision Date:	04/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 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:

The patient is a 58-year-old female who reported an injury on 08/27/2009. The mechanism of injury was cumulative trauma. The patient underwent an L2-3 and superior portion of L4 bilateral laminectomy and foraminotomy, and an L5 through the superior portion of S1 laminectomy and foraminotomy with lysis of adhesions on 02/21/2013. The patient was treated with biofeedback, pain medications, and physical therapy. The documentation of 08/01/2013 revealed the patient finished a round of physical therapy and was recommended strength therapy including Pilates and yoga. Physical examination revealed the patient had stiffness and spasms with achiness around the lumbar spine. The patient's diagnoses were noted to include status post C5-6 fusion in 12/2011, left shoulder status post arthroscopy and rotator cuff repair on 04/27/2010, L5-S1 severe disc collapse with radiculopathy going down the leg status post lumbar laminectomy at L2-S1 on 02/21/2013, and evidence of bilateral carpal tunnel syndrome moderate in bilateral upper extremities. The request was made for physical therapy twice a week for 6 weeks to include strength training including yoga and Pilates.

IMR ISSUES, DECISIONS AND RATIONALES

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

PILATES TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98, 99.

Decision rationale: California MTUS Guidelines indicate that physical medicine with passive therapy is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient completed a course of physical therapy. There was lack of documentation of the duration of the physical therapy, the number of sessions and the patient's objective functional response to the physical therapy. There was lack of documentation indicating the patient had objective functional deficits to support the necessity for physical therapy. Given the above, the request for Pilates two (2) times a week for eight (8) weeks for the cervical spine is not medically necessary.