

Case Number:	CM13-0027443		
Date Assigned:	03/19/2014	Date of Injury:	02/14/2008
Decision Date:	05/07/2014	UR Denial Date:	08/21/2013
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, and is licensed to practice in Illinois. 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 injured worker is a 59-year-old male who reported an injury on 02/14/2008. The mechanism of injury was not provided in the medical records. The injured worker's course of history to date is unclear; however, he has received multiple cervical surgeries with the most recent being a laminoplasty and posterior fusion performed on an unknown date. Despite these multiple interventions, the injured worker continues to have significant pain rated as 9/10 with medications, and a 10/10 without. The injured worker received multiple unknown durations of physical therapy throughout the course of his injury; however, it is unknown to what benefit. Additionally, the clinical information submitted for review indicated that the injured worker was performing exercises in his own pool regularly, and had restarted physical therapy utilizing his private insurance. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As the date of the injured worker's most recent surgery cannot be found within the medical records, the California MTUS/ACOEM Chronic Pain Physical Medicine Guidelines will be used. The California MTUS/ACOEM Practice Guidelines recommend up to 10 sessions of physical therapy for an unspecified myalgia or myositis, after an initial 6 visits have been determined to be effective. Guidelines also state that physical therapy is useful to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The clinical note submitted for review did not provide any numerical values indicating that the injured worker was experiencing a decrease in range of motion, strength, or impaired sensation. Furthermore, it was noted that the injured worker had been participating in physical therapy; however, the total number of sessions and the dates of the last course of therapy were not included for review. Additionally, there was no indication that the injured worker received functional benefit from participating in therapy. Without this information, the medical necessity and guideline compliance cannot be determined. As such, the request for additional physical therapy 2 times a week for 6 weeks for the cervical spine is non-certified.