

Case Number:	CM13-0028998		
Date Assigned:	11/01/2013	Date of Injury:	09/28/2011
Decision Date:	02/04/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/24/2013

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 New York and 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.

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 59-year-old who reported a work related injury on 09/28/2011, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, disc protrusion of the cervical spine, posttraumatic osteoarthritis left knee, disc protrusion lumbar spine, history of concussion with significant memory loss and navigation difficulty. The most recent clinical notes submitted for this review is dated 10/04/2013 with a physical exam performed under the care of [REDACTED]. The provider documents the patient continues to present with pain complaints about the cervical spine, low back, and left knee. The provider documented upon physical exam of the patient cervical spine range of motion was noted at 40 degrees flexion, 20 degrees extension, bilateral rotation 60 degrees, and lateral bending bilaterally at 20 degrees. The provider documented pain was reproduced with motion. Lumbar spine range of motion was at 60 degrees flexion, 20 degrees extension, lateral bending bilaterally to 20 degrees with motion eliciting pain. The provider requested additional physical therapy 3 times a week for 4 weeks for the neck and low back, neurology consultation, the patient was rendered prescriptions for Valium 10 mg 1 tab by mouth twice a day, Soma 350 mg 1 tab by mouth every 6 to 8 hours, Percocet 10/325 and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times per week for four weeks, to the neck and lower back: Upheld

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

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

Decision rationale: The clinical documentation submitted for review reports the patient presents with continued cervical spine and lumbar spine pain complaints status post a work related injury sustained over 2 years ago. The clinical notes document the patient recently utilized supervised therapeutic interventions in 07/2013. The patient presents with chronic pain complaints about the cervical and lumbar spine. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. As the Chronic Pain Medical Treatment Guidelines indicates, allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The request for physical therapy, three times per week for four weeks, to the neck and lower back, is not medically necessary or appropriate.