

Case Number:	CM13-0035211		
Date Assigned:	03/03/2014	Date of Injury:	03/19/2013
Decision Date:	06/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 California. 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:

This 29 year-old male lot attendant sustained an injury on 3/19/13 when a car backed into him while employed by [REDACTED]. Request under consideration include PHYSICAL THERAPY 2 X 3. Orthopedic consult report of 7/24/13 noted patient has not worked since 7/23/13. Previous diagnoses included cervical, thoracic, and lumbar sprain/strain and contusion. Conservative treatment has included physical therapy, acupuncture, modified activities, and medications. Medications list Tramadol, Cyclobenzaprin, Omeprazole, Polar frost, and Etodolac. MRI of the lumbar spine on 7/2/13 showed mild degenerative changes at L5-S1 without canal or neural foraminal stenosis. MRI of the cervical spine on same date showed no significant degenerative changes or stenosis. The patient complained of pain with numbness and tingling in his neck, mid-back, and lower pain; pain rated at 3/10 and averages 5/10. He denied current medications. Exam of the cervical spine showed full range of motion, tenderness, guarding, negative Spurling's and axial compression, with full range of motion, 5/5 motor strength, DTRs 2+ with intact sensation throughout upper extremities. Lumbar spine showed positive tenderness, guarding, spasm with negative SLR, limited range due to pain, 5/5 motor strength, DTRs 2+ symmetrical and intact sensation throughout lower extremities. Diagnoses included cervical and lumbar spine musculoligamentous sprain/strain. Treatment included PT and increased modified duty activities. Physical Therapist report of 9/13/13 noted the patient to have complaints of pain rated at 6/10; no significant change in AROM, to be inconsistent with PT attendance, non-compliant with HEP contributing to lack of progress, and has not improved significantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of March 2013. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings without neurological deficits. There is continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established.