

Case Number:	CM13-0039594		
Date Assigned:	12/20/2013	Date of Injury:	08/25/2008
Decision Date:	03/05/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine, and is licensed to practice in New York. 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 58-year-old with a date of injury on 08/25/2008. He injured his back and both shoulders while emptying and packing four file cabinets. He woke up with stiffness the next day. On 02/06/2007 he had a C5-C6 fusion. He had multiple lumbar epidural injections and nerve blocks in 2011 and 2012. On 05/14/2012 he had an EMG/NCS that revealed no cervical radiculopathy and no lumbar radiculopathy. He has been treated for tremors, lumbar radiculitis, lumbosacral spondylitis without myelopathy, muscle spasm, neck pain and shoulder pain. He has received at least 24 physical therapy visits in 2013. On 08/01/2013 after 9 visits he complained of low back pain. He had nine visits of physical therapy from 06/27/2013 to 08/01/2013. He was to have at least 6 more physical therapy visits and instruction in a home exercise program was noted. On 08/07/2013 he had low back pain and decreased lumbar range of motion. On 08/23/2013 straight leg raising was positive on the left and negative on the right. There was paravertebral lumbar muscle spasm. Gait was normal. Lumbar flexion was 80 degrees and extension was 25 degrees. Lateral flexion was 25 degrees bilaterally. Reflexes and lower extremity strength were normal. This was the identical lumbar range of motion on 07/23/2013. Reflexes, lower extremity strength and straight leg raising were identical on 07/23/2013 and 08/23/2013. On 09/19/2013 there was a request for 12 physical therapy visits for the lumbar spine.

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,: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines allows a maximum of up to 10 physical therapy visits over 8 weeks for myalgia and myositis and a maximum of up to 10 visits over 4 weeks for neuralgia, neuritis and radiculitis. He has had at least 24 visits in 2013 with nine physical therapy visits from 06/27/2013 to 08/01/2013. He had at least an additional 6 visits after 08/01/2013. There was no difference in the objective findings on examination (range of motion, strength, reflexes) on 07/23/2013 and 08/23/2013 suggesting he has plateaued from physical therapy. He has already received more than the maximum allowed physical therapy visits according to MTUS guidelines. By this point in time when the additional 12 visits of physical therapy visits were requested he should have been transitioned to a home exercise program. At the time of the request for additional physical therapy visits there was no objective documentation that continued formal physical therapy is superior to a home exercise program. The request for physical therapy, three times per week for four weeks, is not medically necessary or appropriate.