

Case Number:	CM13-0040990		
Date Assigned:	12/20/2013	Date of Injury:	08/22/2012
Decision Date:	02/20/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice, 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 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 59-year-old female who reported an injury on 08/22/2012. The mechanism of injury was stated to be a repetitive use of the hand to complete the job duties. The patient was noted to have pain in the cervical spine. The range of motion of the cervical spine was noted to be flexion 40 degrees, extension 45 degrees, right and left lateral bending 35 degrees. There was noted to be paraspinal tenderness and paraspinal spasms. The diagnoses were noted to be sprain/strain of the cervical spine, rule out herniated cervical disc, and sprain/strain of the lumbar spine. The request was made for physical therapy 1 time a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the request was for continued physical therapy. However, there was a lack of documentation per the submitted request as to the part of the body that was being treated. Additionally, there was a lack of documentation indicating the quantity of sessions the patient had previously received. There was a lack of documentation indicating the patient's functional response to the prior therapy. Given the above, the request for physical therapy 1 time a week for 6 weeks is not medically necessary.