

Case Number:	CM13-0041921		
Date Assigned:	12/20/2013	Date of Injury:	02/08/2008
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 & 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 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 57-year-old female who reported an injury on 02/08/2008; considered a cumulative trauma injury that has resulted in radiating pain from the patient's back to her lower extremities including her lateral upper extremities to include a diagnosis of carpal tunnel syndrome. The patient has also been diagnosed with lumbago, sciatica, and cervicgia and has utilized the treatments of H-wave, medications, and aquatic therapy x14. According to the most recent documentation dated 09/25/2013, the patient reportedly had a flare-up of her sciatica rated as 3/10 to 4/10 without her medications. On that date, the patient noted that she had not been taking any medications. The patient also stated she has been having some paresthesias in her left lower extremity which was not currently happening, but occurred off and on. Objectively, the patient was noted to have grip strength of 4/5 on the left and 5/5 on the right without atrophy. In the musculoskeletal exam, the patient was noted to have bilateral thoracic and lumbar paraspinal muscle spasms on palpation. Range of motion in the patient's neck was noted to be 40 degrees on flexion, 20 degrees on extension, 40 degrees in lateral bend, and 50 degrees on rotation. Her back was noted to have range of motion of 90 degrees with flexion, 25 degrees with extension, and 25 degrees of lateral flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the cervical and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines..

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

Decision rationale: According to California MTUS Guidelines, it states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It further states patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The requested service is for 12 sessions of physical therapy for the cervical spine and lumbar spine. This exceeds maximum allowance per California MTUS Guidelines. As such, the request for physical therapy two times a week for six weeks for the cervical and lumbar spine is not medically necessary and appropriate.