

Case Number:	CM13-0042961		
Date Assigned:	11/20/2013	Date of Injury:	02/18/2013
Decision Date:	05/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 51-year-old male with a date of injury on Feb 18th, 2013 when he fell from a roof top and was held by the safety harness. On his modified physician's progress report, he is listed as having neck pain, lower backache, left upper extremity and shoulder pain. He has experienced a decrease in his pain since his last visit and his medications are working well without any adverse side effects. He notes that his physical therapy has started and he is still evaluating its efficacy. He notes the transcutaneous electric nerve stimulation (TEN's) unit is helpful at the time of use and for about an hour afterward. His pain medication regimen is helpful to decrease his pain and increase his functional status. His physical exam is pertinent for a decrease in active range of motion, paravertebral muscle hypertonicity and tenderness on the left side and positive cervical facet pain with facet loading maneuvers.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES EIGHT VISITS CERVICAL: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 98-99.

Decision rationale: Physical Medicine is recommended with active therapy and found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Based upon the provided progress reporting and the MTUS guidelines regarding active physical medicine, I find the request has legitimate merit and is medically necessary in assisting the employee in improving functionality and decreasing discomfort.