

Case Number:	CM13-0043212		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2010
Decision Date:	03/05/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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 male who reported an injury on 04/26/2010. The patient is currently diagnosed with cervical discogenic disease, cervical facet arthropathy, and cervical spine sprain and strain. The patient was seen by [REDACTED] on 08/29/2013. The patient reported chronic cervical spine pain. Physical examination revealed spasm, decreased and painful range of motion, facet tenderness, weakness in bilateral upper extremities, and tenderness to palpation over the cervicotracheal ridge. Treatment recommendations included continuation of a home exercise program, additional physical therapy, and a prescription for Nucynta 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the cervical spine (twice a week for six weeks): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that 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. The Guidelines

allow for a fading of treatment frequency, plus active self-directed home physical medicine. Treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. As per the clinical documentation submitted, the patient has previously participated in a course of physical therapy. Documentation of the previous course of physical therapy with total treatment duration and treatment efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the current request for physical therapy twice per week for 6 weeks exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, and the California MTUS Guidelines, the requested additional physical therapy is not medically necessary or appropriate.