

Case Number:	CM13-0043343		
Date Assigned:	12/27/2013	Date of Injury:	09/01/1987
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas 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 55-year-old male who reported a work-related injury on 09/01/1987 as the result of cumulative trauma to the cervical spine and left shoulder as well as the lumbar spine. The clinical note dated 09/09/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient was status post an L4-5 laminectomy. The provider documented that the patient had been complaining of cervical spine pain. The provider documented that the patient utilized Avalide, Celebrex, Cymbalta, Crestor, glimepiride, multivitamin, Percocet, ranitidine and Ultracet. Upon physical exam of the patient, the provider documented that the patient reported discomfort to the low back with range of motion upon flexion and extension as well as cervical spine discomfort at the extremes of flexion and extension. The provider documented proceeding with therapies for the patient's lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Physical Therapy for Cervical spine two times a week for six weeks: Upheld

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

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

Decision rationale: The current request is not supported. It is unclear when the patient last utilized supervised physical therapy interventions, specifically to the cervical spine. In addition, other than subjective complaints of pain having been reported, the clinical notes failed to evidence any range of motion deficits or motor, neurological or sensory deficits upon exam of the patient's cervical spine to support supervised therapeutic interventions at this point in his treatment. The California MTUS indicates to allow for a fading of treatment frequency from up to three visits per week to one or less plus active, self-directed home physical medicine. Given all of the above, the request for physical therapy for the cervical at two times a week for six weeks is not medically necessary nor appropriate.