

Case Number:	CM13-0043673		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2012
Decision Date:	05/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & 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 expert 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 injured worker is a 53-year-old male with a reported date of injury on 01/11/2012; the mechanism of injury was not provided within the medical records. The injured worker presented with ongoing severe neck pain, severe back pain radiating into the hips and knees, 4/5 strength in the tibialis anterior, 4/5 strength in the extensor hallucis longus, 4/5 strength in the iliopsoas, and generalized lumbar tenderness. The injured worker had 5/5 strength in all other muscle groups. The injured worker had diagnoses including cervical disc disorder, cervical spinal stenosis, radiculopathy, and low back pain. The physician requested physical therapy 2 times per week for 4 weeks for the cervical and lumbar spines on 09/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL & LUMBAR SPINE 2 TIMES PER WEEK FOR 4 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 PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines note 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend 8 sessions to 10 sessions of physical therapy over 4 weeks. The guidelines also recommend injured workers should undergo a trial of 1 half of the recommended sessions of physical therapy followed by a complete assessment of the injured worker's condition, in order to assess functional improvement, prior to continuing therapy. Within the provided documentation, it appeared the injured worker previously underwent physical therapy as the provider indicated the injured worker required additional therapy as it was working in the past. The efficacy of the prior therapy was unclear within the provided documentation. Additionally, within the provided documentation, the requesting physician did not include a recent, adequate, and complete assessment of the injured worker's objective functional condition in order to establish a baseline by which to assess objective functional improvements over the course of physical therapy, as well as to indicate the injured worker's deficits needing to be addressed with physical therapy. As such, the request for Physical Therapy for the cervical & lumbar spine 2 times per week for 4 weeks is non-certified.