

Case Number:	CM13-0045451		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2012
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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

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 61-year-old female who reported an injury on 10/21/2012. The mechanism of injury was not provided. The patient was noted to have complaints of pain in the thoracic spine, bilateral shoulders, left elbow, bilateral hands, left knee and fingers. The examination of the cervical spine and lumbar spine revealed a limited range of motion. The patient was noted to have tenderness to palpation over the trapezius and paravertebral muscles of the cervical spine bilaterally. The patient's diagnoses were noted to include chronic cervical strain and chronic lumbosacral strain with bilateral lower extremity radicular symptoms. The patient was noted to report that the physical therapy helped decrease the patient's low back pain significantly with a corresponding decrease in the need for Ultram. The request was made for additional physical therapy.

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 four weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The patient was noted to report that the physical therapy helped decrease the patient's low back pain significantly with a corresponding decrease in the need for Ultram. The clinical documentation submitted for review failed to provide the number of sessions the patient has participated in. Additionally, there was a lack of documentation indicating the objective functional benefit as well as objective functional deficits remaining to support further treatment. Given the above, the request for physical therapy 2 times per week for 4 weeks for cervical spine is not medically necessary

Physical therapy two times a week for four weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide the number of sessions the patient has participated in. Additionally, there was a lack of documentation indicating the objective functional benefit as well as objective functional deficits remaining to support further treatment. Given the above, the request for physical therapy 2 times per week for 4 weeks for lumbar spine is not medically necessary.