

Case Number:	CM13-0048502		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2010
Decision Date:	04/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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 patient is a 53-year-old female who reported an injury on 01/31/2010. The mechanism of injury was not stated. The patient is diagnosed with cervical discopathy, lumbar disopathy, carpal tunnel syndrome/cubital tunnel syndrome/double crush syndrome and status post right lateral epicondylar release. The patient was seen by [REDACTED] on 09/10/2013. The patient reported persistent pain in the cervical spine with radiation to bilateral upper extremities. The patient also reported low back pain with activity limitation. Physical examination on that date revealed tenderness to palpation of the cervical dorsal paravertebral muscles, painful cervical range of motion, positive axial loading compression testing and Spurling's maneuver, positive Tinel's and Phalen's testing bilaterally, tenderness to the mid to distal lumbar segments, guarded and restricted lumbar range of motion, and positive straight leg raising. Treatment recommendations included a course of physical therapy twice per week for 4 weeks with massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY WITH MASSAGE SESSIONS QTY: 8.00: Upheld

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

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

Decision rationale: California MTUS Guidelines state 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. As per the documentation submitted, the patient has previously participated in a course of physical therapy. However, there was no documentation of the previous course provided for review. Although it is noted that the patient made progress with a course of physical therapy, there is no evidence of objective functional improvement. Based on the clinical information received, the request is non-certified.