

Case Number:	CM13-0048658		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2012
Decision Date:	04/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family Practice and is licensed to practice in 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 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 67-year-old male who reported an injury on 08/11/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with cervical spinal stenosis and degeneration of lumbar or lumbosacral intervertebral disc. The patient's symptoms included neck pain and headaches with pain radiating to the upper back and shoulders as well as symptoms of lower back pain radiating into the legs. Physical examination of the cervical spine revealed an active range of motion forward bending within normal limits, backward bending 37 degrees, right rotation 55 degrees, left rotation 45 degrees, right side bending 20 degrees, left side bending 20 degrees. The patient's wrist extension and flexion was noted to be a 5-/5 bilaterally. Manual muscle tests revealed a 5-/5 of the left deltoid and 4+/5 of the right deltoid, middle trapezius was noted to have a 5-/5 bilaterally. Supraspinatus was noted to have a 4+/5 bilaterally. The infraspinatus/teres was noted to be a 5-/5 on the right and a 4+/5 on the left. Infraspinatus, biceps, and triceps were noted to be a 5-/5 bilaterally. Past medical treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWELVE SESSIONS FOR THE LUMBAR SPINE AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the condition of neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits and myalgia and myositis, unspecified at 9 to 10 visits. The most recent clinical note indicated that the patient had completed 6 sessions of physical therapy with a slight increase in functional noted. As the request for 12 sessions of physical therapy exceeds the guideline recommendation of 10 visits, the request is not supported. In addition to that, documented exceptional factors would be needed to warrant additional therapy that exceeds the guidelines. Given the above, the request for physical therapy 12 sessions for the lumbar spine and cervical spine is non-certified.