

Case Number:	CM13-0049811		
Date Assigned:	06/09/2014	Date of Injury:	01/11/2012
Decision Date:	07/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Medicine and is licensed to practice in North Carolina. 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 52-year-old with a reported date of injury of 01/11/12. The patient has the diagnoses of cervical disc displacement, cervical spinal stenosis, radiculopathy and low back pain. Treatment modalities have included cervical vertebral surgery, physical therapy and medication. The most recent provided progress notes from the primary treating physician dated 06/24/2013 notes the patient to continue to have stiffness of the neck and headaches, but not as intense as prior to surgery. Physical exam showed 5/5 strength with no sensory deficits C4-T2 bilaterally. Treatment plan was for medication, physical therapy and cervical spine x-ray.

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 and lumbar spine two times per week for four weeks:
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.

Decision rationale: The California MTUS makes the following recommendations concerning physical therapy and the treatment of chronic pain: Passive therapy (those treatment modalities

that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.

Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

Myalgia and myositis, unspecified: 9-10 visits over 8 weeks

Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks

Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks

This patient has completed 36 physical therapy sessions for the cervical spine and 12 physical therapy sessions for the lumbar spine. He has exceeded the guideline recommendations for visit totals as outlined above. There is no documentation explaining the continued need for physical therapy in excess of the guidelines, therefore the request is not medically necessary.