

Case Number:	CM13-0050333		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2013
Decision Date:	04/29/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/11/2013

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 Occupational Medicine 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 38 year old female who was injured on 04/26/2013. She was walking when she fell on uneven ground and injured her right thumb/wrist/neck, back, and ankle, knee and lower leg. Prior treatment history has included 14 sessions of physical therapy and ibuprofen. A PR-2 dated 08/13/2013 indicated the patient reports ongoing pain in the cervical spine that radiates into the left scapula, down the triceps area and left ulnar digits. She reports this is still persistent despite 6 visits of physical therapy. The cervical range of motion reveals flexion to 40 degrees; extension to 30 degrees; side to side 20 degrees; 20 degrees. She has decreased sensation in left triceps, left ulnar digits and left thumb. She did note some improvement of her cervical range of motion. The patient is diagnosed with cervical strain. PR-2 dated 10/15/2013 documented the patient was recommended physical therapy 2 times a week for 4 weeks for core strengthening therefore it was requested. The patient reports she has ongoing back pain and pain in the cervical spine. She has intermittent paresthesias into both hands including the right middle, ring, and pinky finger. She reports ongoing back pain and muscle spasm, cervical range of motion flexion to 30 degrees and extension to 30 degrees; side to side range of motion to 30 degrees, 30 degrees; lumbar range of motion flexion 30 degrees; extension 20 degrees; and side to side to 20 degrees, 20 degrees.

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 SPINE (8 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines state that physical 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. The guidelines recommend to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the guidelines indicate that the patient should be transitioned to home based exercise program. Therefore, this request for eight sessions is not medically necessary