MAXIMUS Federal Services

Case Number:	CM13-0051591		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2013
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 55-year-old male who reported an injury on 07/30/2013. The mechanism of injury was noted to be a fall. The patient was diagnosed with cervical sprain/strain, lumbar sprain/strain, muscle spasm of neck, and muscle spasm of back. His physical examination findings at a 07/30/2013 visit included decrease range of motion in the neck and lumbar spine and tenderness and spasm with palpation. His initial treatment plan was noted to include NSAIDS, home modalities, physical therapy, muscle relaxant, and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR 12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES(ODG)- TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: NECK AND UPPER BACK /SHOULDER/ELBOW/HIP AND PELVIS/LOW BACK LUMBAR & THORACIC/KNEE & LEG (ACUTE & CHRONIC) PHYSICAL THERAPY (PT)

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

Decision rationale: At the patient's initial physical therapy visit on 08/07/2013 he was noted to have a 75% loss of range of motion in lumbar flexion, extension, left side flexion, right side flexion, a 30% loss in left rotation, and a 50% loss in right rotation. His range of motion of the cervical spine was noted to show a 20% loss in flexion and left side flexion, a 5% loss in extension, a 10% loss in right side flexion, a 30% loss in left rotation, and 25% loss with right rotation. He was noted to have completed 6 visits and objective findings were not provided for his sixth visit on 08/26/2013. However, at the patient's follow-up with his treating physician on 09/25/2013, it was noted that his range of motion in his cervical spine quite limited at 25% of normal. His range of motion values in the lumbar spine was noted to be minimal. According to the California MTUS Guidelines, physical therapy may be recommended in the treatment of unspecified myalgia and myositis at 9 to 10 visits over 8 weeks. The purpose of physical therapy is to facilitate objective functional progress. The patient was noted have previously completed 6 physical therapy visits in the treatment of his lumbar spine and cervical spine. However, as the patient's range of motion was noted to be even more limited at his follow-up visit after his 6 sessions of physical therapy, continued therapy is not warranted. In addition, as the patient was noted to have previously completed 6 visits of physical therapy, the addition of 12 sessions would far exceed the guideline recommendations of a total of 9 to 10 visits. Therefore, in the absence of evidence of measurable objective functional gains made with previous visits and exceptional factors to warrant physical therapy visits far beyond the guideline recommendations, the requested service is non-certified.