

Case Number:	CM13-0052825		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2011
Decision Date:	03/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 45-year-old male who reported an injury on 08/25/2011. The patient reported a gradual injury as a result of performing usual and customary job duties. The patient is diagnosed with chronic cervical strain, degenerative thoracic strain, lumbar strain, bilateral plantar fasciitis, and depression. The patient was recently seen by [REDACTED] on 10/07/2013. The patient reported neck pain, upper back pain, low back pain, and bilateral foot pain. Physical examination revealed positive foraminal vault compression testing, decreased cervical range of motion, 5/5 motor strength in bilateral upper extremities, and occasional paresthesia in the right hand. Treatment recommendations included a repeat MRI scan, cervical thoracic epidural injections, and ongoing physical therapy.

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 (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed at least 12 sessions of physical therapy to date. However, documentation of objective functional improvement was not provided. The patient continued to report increasing pain despite ongoing therapy. Furthermore, the current request for 12 sessions of physical therapy exceeds Guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for physical therapy for the cervical spine is non-certified.