

Case Number:	CM13-0053863		
Date Assigned:	12/30/2013	Date of Injury:	08/13/2012
Decision Date:	10/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 38 year old male who was injured on 08/13/12 when a coworker dropped a ladder which hit him in the head. The injured worker complains of pain in the back of the neck which radiates into the back and shoulders. The injured worker also complains of daily headaches which are associated with nausea and dizziness. The injured worker is diagnosed with postconcussion syndrome and myofascial pain syndrome. Records state the injured worker has participated in physical therapy which was reported as somewhat helpful. The injured worker has also received injections. Records do not describe the type, amount, location or response to these injections. Clinical note dated 07/18/14 states the injured worker takes Trazodone, Topiramate and Norco. Physical examination on this date reveals bilateral shoulder strength to be 4/5 with abduction, abduction and forward flexion. Bilateral elbow flexion and extension is 4/5. There are no strength deficits appreciated about the bilateral wrists, upon bilateral grip, about bilateral hips or bilateral lower extremities. Sensation is intact and reflexes are 2+ about the bilateral upper and lower extremities. This note includes a request for functional restoration program and physical therapy initial evaluation. An additional request is submitted on 09/16/13 for physical therapy twice per week for 6 weeks. This note includes the injured worker report that exercises make the symptoms worse. A request for 12 sessions of physical therapy for the cervical/lumbar spine was submitted on 09/25/13 and was subsequently denied by Utilization Review dated 10/02/13. This UR noted that a request for a functional restoration program was approved for the injured worker on 08/16/13 and stated that additional physical therapy would be part of this functional restoration program. Clinical note dated 10/01/13 states the injured worker is participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions for the (Cervical/Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The injured worker is diagnosed with postconcussion syndrome and myofascial pain syndrome. MTUS Chronic Pain Medical Treatment Guidelines support up to 10 visits of physical therapy over 8 weeks for myalgia and myositis, unspecified. The submitted documentation contains multiple request for physical therapy which appear concurrent. One request, dated 07/18/14 includes a request for participation in a functional restoration program. Records indicate this request was approved on 08/16/13. The records reveal a request for physical therapy dating 09/16/13 and the submitted UR indicates a request for physical therapy was submitted on 09/25/13. Records do not clearly identify which requests have been denied. There are no physical therapy notes submitted for review and the total number of physical therapy sessions participated in to date is not clearly revealed. Records do include the injured worker report that exercise causes his symptoms to worsen. As such, the efficacy of physical therapy is not established in such a way that would warrant additional treatment with this modality. Moreover, the injured worker has been authorized to participate in a functional restoration program which includes physical therapy. Based on the clinical information submitted for review, the request for 12 sessions of Physical Therapy for the Cervical/Lumbar Spine is not medically necessary.