

Case Number:	CM13-0055729		
Date Assigned:	04/16/2014	Date of Injury:	04/04/2011
Decision Date:	05/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 and 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 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 56-year-old male who reported an injury on 4/4/01 due to cumulative stress that caused emotional dysfunction, headaches, chest pain, neck pain, and back pain. The injured worker's treatment history included medications, activity modifications, epidural steroid injections, facet blocks, acupuncture, chiropractic care, and physical therapy. The injured worker was evaluated on 10/16/13. Physical findings included tenderness to palpation of the paravertebral musculature and spasming with restricted range of motion of the cervical spine. Evaluation of the bilateral shoulders documented decreased range of motion in all planes and a positive impingement sign bilaterally. Evaluation of the lumbar spine documented paravertebral muscle tenderness and spasming with restricted range of motion and reduced sensation in the bilateral L5 dermatomal distribution with a positive straight leg raise test. The injured worker's diagnoses included cervical radiculopathy, lumbar radiculopathy, anxiety reaction, bilateral shoulder impingement syndrome, gastropathy, and chest pain. The injured worker's treatment plan included referrals to specialists and a referral to physical therapy for the neck and back since the last course of physical therapy was so effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The California MTUS recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation does indicate that the injured worker has previously received physical therapy. The injured worker's most recent clinical documentation does not provide any evidence that the injured worker is participating in any type of independent home exercise program. There were no barriers noted within the documentation to preclude progress of the injured worker while participating in a home exercise program. Additionally, the MTUS recommends 8-10 visits for radiculopathy and myofascial pain. The requested 12 sessions exceed this recommendation. There were no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested physical therapy is not medically necessary or appropriate.

12 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: The California MTUS recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation does indicate that the injured worker has previously received physical therapy. The injured worker's most recent clinical documentation does not provide any evidence that the injured worker is participating in any type of independent home exercise program. There were no barriers noted within the documentation to preclude progress of the injured worker while participating in a home exercise program. Additionally, the MTUS recommends 8-10 visits for radiculopathy and myofascial pain. The requested 12 sessions exceed this recommendation. There were no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested physical therapy is not medically necessary or appropriate.