

Case Number:	CM13-0056145		
Date Assigned:	12/30/2013	Date of Injury:	09/24/1998
Decision Date:	03/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 59-year-old female who reported an injury on 09/24/1998. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical disc injury with sprain and lumbar disc injury with sprain. The patient was seen by [REDACTED] on 11/05/2013. The patient reported lower back pain with right lower extremity radiation. It is noted that the patient has done well with physical therapy 3 times per month. Physical examination revealed moderate tenderness over the bilateral C5-7 levels, spasm, 5/5 motor strength in bilateral upper extremities, intact sensation, positive right Ober's sign, moderate tenderness and spasm with the right sacroiliac joint and right tensor fascia, and moderate pain with range of motion of the lumbar spine. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (three times per month): 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: 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 an extensive amount of physical therapy to date. Despite ongoing physical therapy, the patient continues to report persistent neck and low back pain. The patient's physical examination continues to reveal painful range of motion, spasm, and tenderness to palpation. Documentation of objective measurable improvement was not provided. The request for ongoing physical therapy, 3 times per month is excessive in nature and cannot be determined as medically appropriate. As such, the request is non-certified.