

Case Number:	CM13-0057161		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2011
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery 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 patient is a 60-year-old male who reported an injury on 06/05/2011. The mechanism of injury was a fall. The injured worker had a diagnosis of cervical spondylosis with myelopathy. The injured worker reported continued pain to the neck and upper back coupled with muscle spasms that were constant. The physical therapy note dated 10/30/2013 indicated the injured worker had complaints of neck and upper back pain and it limited his ability to participate in activities outside of the home; he was only able to complete household distances for ambulation. The physical therapy note indicated the injured worker noted the pain in his upper back and neck was 0/10 at the best and 6/10 at worst since he has started therapy. The injured workers cervical range of motion was assessed and documented as follows; flexion and extension were 20 degrees, lateral flexion was 40 degrees on the left and 30 degrees on the right, rotation was at 40 degrees bilaterally. The shoulder range of motion was noted to be within normal limits. The injured workers pain, range of motion, strength, gait and activities of daily living were all noted to be improved. The provider recommended the injured worker would benefit from additional physical therapy to address core strengthening and soft tissue restrictions and assist in attaining goals of decreasing pain for functional activities. The request date was not provided for physical therapy 2 times per week for 6 weeks, for the neck and upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE NECK AND UPPER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 99.

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

Decision rationale: The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less). The MTUS guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. The MTUS guidelines also indicate injured workers should be instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated in the documentation that the injured worker has had physical therapy; however, the number of prior sessions was unclear within the documentation. It was unclear as to the why an active, independent home exercise program would not be sufficient for the injured worker. As the injured worker was noted to have previously had physical therapy, details are needed for the number of visits completed. The current request also exceeds the guidelines recommended number of visits. As such, the request is not certified.