

Case Number:	CM13-0061364		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2008
Decision Date:	04/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation 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 patient is a 51-year-old female that reported an injury on 06/19/2008. The mechanism of injury reported was of repetitive job duties. The clinical note dated 12/19/2013 stated that the patient complained of pain in the lumbar spine, cervical spine, bilateral knees, with the left greater than the right, and bilateral shoulders. The patient complained that her pain is worse with cold temperatures. The clinical note dated 08/15/2013 noted that the patient has had previous therapy, previous knee surgery times two in 2008, was seen by a pain specialist in 2009. The patient has reported that she had MRI and therapy and x-ray's but the report results were not in the medical records that were received.

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: Upheld

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

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

Decision rationale: The MTUS states 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. The patient has reported that she has had therapy but no recent care. The patient may benefit from physical therapy at this time given no recent treatment and functional deficits. However, the request does not include a duration or frequency. Therefore, the request is non-certified.