

Case Number:	CM13-0063513		
Date Assigned:	05/07/2014	Date of Injury:	12/30/2010
Decision Date:	06/13/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 patient is a 53 year old male who was injured on 12/30/2010 when he stepped on a crack in the concrete injuring his ankle and fell on his back injuring his head too. Prior treatment history has included the patient undergoing 3 CESIs under fluoroscopy. A medical report dated 07/11/2013 documents the patient received physical therapy for 12 weeks and then another 8 weeks twice a week. Progress report dated 10/24/2013 documented the patient with complaints of severe pain in his neck and shoulder blades. Objective findings on examination of the cervical spine reveal paravertebral muscle spasms. There is spasm and tenderness of the bilateral trapezius muscles and scapular regions. Flexion is to 30 degrees and extension to 20 degrees. Lateral bending is to 20 degrees and rotation is to 50 degrees. Examination of the upper extremities reveals there is a dull aching pain in the upper arm, and forearm. Paresthesia is noted at the volar aspect of the right hand, greater at the thumb and index finger. Examination of the lower extremities reveals the right ankle with no swelling or tenderness and there is full range of motion. There is no ligamentous instability. Impression: 1. Multilevel degenerative discs at the cervical spine 2. Sprain of right ankle. Recommendation: Physical therapy treatments twice a week for six weeks. UR report dated 11/25/2013 denied the request for physical therapy 2x6 to the cervical spine because the claimant has had more than adequate amount of Physical Therapy (PT) for this chronic condition. There is no medical rationale for continued PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 6, CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS, page 474.

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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 guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. As per (ODG) Official Disability Guidelines, Physical therapy (PT) is recommended for chronic neck pain. The ODG recommended PT for degeneration of intervertebral disc as 10-12 visits over 8 weeks. The medical records dated 07/11/2013 document that the patient has received physical therapy several times, the last time was twice a week for 8 weeks, which by itself exceeds the guidelines recommendation for this patient's medical condition. There is no documentation that the patient had a flare-up of symptoms. Accordingly, the requested physical therapy 2 times 6 weeks for cervical spine is not medically necessary.