

Case Number:	CM13-0065818		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2006
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice 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 54-year-old male who reported an injury on 01/30/2006. The mechanism of injury was not provided. The office note dated 11/21/2013 indicated the patient had complaints of pain to the neck, back, and lower extremities. The patient described the pain as constant, burning, and sharp. The patient reported numbness in the lower extremities. The patient reported the pain on a good day to be at 7/10 to 8/10 and on a bad day 9/10. The patient reported that previous treatments, which helped with the pain, were narcotic pain medications. The patient reported he had also tried physical therapy, acupuncture, group therapy, and psychiatrist/psychologist without lasting relief. Medications included hydrocodone/acetaminophen 10/325 mg twice daily as needed and Naprosyn tablets. Upon examination of the cervical spine, there was tenderness to palpation to the paraspinals. The range of motion of the cervical spine was forward flexion at 30 degrees, right lateral flexion at 25 degrees, left lateral flexion at 30 degrees, hyperextension at 35 degrees, and bilateral lateral rotation at 45 degrees. Upon examination of the thoracic spine, there was tenderness to the paraspinals. Upon examination of the lumbar/sacral, there was tenderness to the lumbar paraspinals. The range of motion was forward flexion at 60 degrees and hyperextension at 10 degrees. The patient was noted to have an antalgic gait.

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, THORACIC AND LUMBAR SPINE (2 TIMES PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: The California MTUS Guidelines state that 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 Guidelines allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, it is recommended the patient receive 9 to 10 visits of physical therapy over 8 weeks. The records submitted for review included documentation of objective functional deficits to support physical therapy. However, the office visit dated 11/21/2013 indicated the patient reported he had tried physical therapy, acupuncture, group therapy, and psychiatrist/psychologist without lasting relief. Furthermore, the records submitted for review failed to include documentation of the number of sessions of physical therapy the patient completed previously and documentation of objective functional improvement with the physical therapy sessions. Therefore, the requested physical therapy is not medically necessary or appropriate at this time.