

Case Number:	CM13-0068053		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2011
Decision Date:	04/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 68 year old female with date of injury 3/28/11. The mechanism of injury is not described in the available medical records. The patient has complained of chronic neck and back pain since the date of injury. She has been treated with physical therapy and medications. No surgeries or injections have been performed per the medical records. Objective: Decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; mild lumbar spine paraspinous musculature tenderness with palpation on the left side. Diagnoses: cervicalgia, lumbago. Treatment plan and request: physical therapy, cervical and lumbar spine (eighteen sessions).

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 and lumbar spine times eighteen: 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: This 68 year old female has complained of neck and back pain since date of injury 3/28/11. Per the available medical records, the patient has completed a physical therapy

program during the acute phase of her illness and is performing a home exercise program. The Medical Treatment Utilization Schedule (MTUS) recommendations for Physical Therapy state for the passive (out of home) Physical Therapy process, 8-10 visits over the course of four weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, diagnoses that are presumed in this case, although there is a lack of medical documentation supporting these diagnoses. The medical necessity for continued passive physical therapy is not documented as there is no evidence of re-injury or progression of symptoms or physical exam findings to continue Physical Therapy as requested. Physical therapy for the cervical and lumbar spine (eighteen sessions) is therefore not indicated as medically necessary.