

Case Number:	CM13-0068492		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2008
Decision Date:	07/25/2014	UR Denial Date:	11/25/2013
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 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 injured worker is a 49-year-old female who reported an injury on 02/13/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/19/2014 indicated diagnoses of cervicalgia C3-4 disc desiccation, chronic pain syndrome, bilateral borderline carpal tunnel syndrome, status post cervical fusion, post-traumatic stress disorder secondary to the cervical fusion, thoracic outlet syndrome, myofascial pain disorder, and fibromyalgia. The injured worker reported she went to the park to walk the trails and that her physical activity had increased. On physical examination of the cervical spine, there was tenderness over the C3-4 region with radiation of the pain to the occipital scalp, the left scalene muscles had tenderness in the right lateral and anterior cervical spine. The Spurling's test was positive. The injured worker had tenderness to the shoulder that was mild in the left shoulder. The injured worker had a positive Tinel's in the right elbow. The injured worker's motor strength was intact. The exam of the lumbosacral spine was intact. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included melatonin, vitamin D12, Mobic, Lidoderm, baclofen, Nucynta, and Nexium. The provider submitted a request for physical therapy 1 x 3 weeks. A request for authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1X3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,.

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

Decision rationale: The request for physical therapy 1 x 3 weeks is non-certified. The California MTUS Guidelines recommend 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy to support additional sessions. Furthermore, the provider did not indicate a body part for the physical therapy. Therefore, the request for physical therapy is not medically necessary.