

Case Number:	CM13-0069926		
Date Assigned:	04/02/2014	Date of Injury:	08/15/2012
Decision Date:	06/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 injured worker is a 55 year old male who reported an injury on 08/15/2012. The mechanism of injury was reported to be repetitive motion. Per the clinical note dated 01/21/2014 the injured worker reported neck pain rated 5-6/10 radiating to bilateral shoulders and low back pain rated 8/10 that radiates to bilateral hips and buttocks. Range of motion was limited secondary to pain to the lumbar spine with flexion to 70 degrees and extension to 20 degrees. The injured worker's motor strength and sensation were within normal ranges bilaterally. The diagnoses for the injured worker included cervical and lumbar radiculitis, bilateral shoulder and knee pain, and chronic pain other. The request for authorization for medical treatment was dated 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY PT 2X6 FOR THE CERVICAL, LUMBAR SPINE, BILATERAL KNEES:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS guidelines note 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was a lack of documentation regarding previous physical therapy sessions for the bilateral knees. There was a lack of documentation regarding the rationale for the physical therapy request. The request for 12 sessions would exceed the guideline recommendations. Therefore, the request for physical therapy 2 times a week for 6 weeks is non-medically necessary and appropriate.