

Case Number:	CM14-0001224		
Date Assigned:	01/22/2014	Date of Injury:	02/18/2010
Decision Date:	06/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 Illinois. 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 67 year old female who reported an injury on 02/18/2010 due to a fall. The clinical note dated 11/22/2013 noted the injured worker presented with severe neck pain and right upper extremity radiculopathy, and bilateral radiculopathy symptoms. The physical exam revealed neck range of motion values of 30 degrees of flexion, 30 degrees of extension, 10 degrees of right rotation, and 30 degrees of left rotation. An EMG/NCV dated 01/09/2013 demonstrated bilateral C5 radiculopathy. The provider recommended physical therapy 2-3 x a week for 6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 6 WEEKS TO CERVICAL SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed is unclear. The request for up to 12 sessions would exceed the guideline recommendations. Therefore, the request is not medically necessary or appropriate.