

Case Number:	CM14-0001799		
Date Assigned:	01/22/2014	Date of Injury:	07/22/1996
Decision Date:	06/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/06/2014

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 & 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 54 year old female who reported an injury on 07/22/1996 secondary to an unknown mechanism of injury. She underwent a cervical fusion in 2000 and 2010 and has also been treated with epidural steroid injections. She was evaluated on 12/17/2013 and reported neck pain of unknown severity and increased low back pain of unknown severity. It was noted that she had been treated with an unknown duration of physical therapy for her neck and reported that it was helping until it was stopped. On physical examination, she was noted to have decreased deep tendon reflexes in all extremities with a positive straight leg raise bilaterally. Sensation was also noted to be decreased in a C5-6 and L4-5 dermatomal distribution. She was noted to have 40 degrees of lumbar flexion and 10 degrees of lumbar extension as well as decreased (4/5) strength of the lower extremities. The injured worker was diagnosed with cervicalgia, lumbar radiculopathy, and stenosis. A request for authorization was submitted on 12/31/2013 for continued physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY SESSIONS: 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): 98-99.

Decision rationale: California MTUS guidelines recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and for alleviating discomfort. These guidelines recommend up to 10 visits for radicular symptoms. The injured worker reported neck and back pain and was noted to have decreased sensation and reflexes in the upper and lower extremities, as well as decreased strength and a positive straight leg raise in the lower extremities bilaterally. She was also noted to have functional deficits with regard to strength and range of motion. The most recent clinical note states that the injured worker recently attended physical therapy for her neck. The medical records submitted for review fail to indicate the number of sessions of physical therapy the injured worker has already received. Also, the request as written does not specify a number or frequency of physical therapy sessions requested or the anatomical site for treatment. Therefore, it unclear whether the request for additional physical therapy is supported by evidence-based guidelines. Furthermore, there are no physical therapy notes in the documentation submitted for review, and there is a lack of documented evidence to indicate that the injured worker has gained functional improvement with the physical therapy recently completed. As such, the request to continue physical therapy sessions is not medically necessary.