

Case Number:	CM14-0004898		
Date Assigned:	01/24/2014	Date of Injury:	04/05/2010
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 51-year-old male who reported injury on 04/05/2010. The mechanism of injury was cumulative trauma. The documentation of 11/11/2013 revealed the injured worker had pain in the axial spine, shoulders, hips, and knees. The physical examination revealed cervical spine range of motion testing was restricted to 40 percent due to pain. The injured worker had positive myofascial trigger points and facet tenderness at L4-S1 bilaterally. The injured worker had positive myofascial trigger points and facet tenderness at T2-T8 bilaterally. The diagnoses included spinal enthesopathy, myositis, sprain of neck, sprain of thoracic and lumbar regions, cervical spondylosis, lumbar spondylosis, medial meniscal tear in the knee, and chronic pain syndrome. The treatment plan included a re-evaluation and treatment by the physical therapist 3 times a week for 4 weeks to the cervical region. There should be a focus of postural exercises and strengthening posture and range of motion modalities as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS (3X4): Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of previous sessions attended. There was a lack of documentation of objective functional deficits to support a necessity for further treatment. The injured worker should be well versed in a home exercise program. The request as submitted failed to indicate the body part to be treated. The request for 12 sessions would be excessive. Given the above, the request for physical therapy 3 times a week for 4 weeks (3x4) is not medically necessary and appropriate.