

Case Number:	CM14-0005155		
Date Assigned:	04/09/2014	Date of Injury:	04/11/2002
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Family Medicine and is licensed to practice in 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 54-year-old female with a reported date of injury on 04/11/2002. The mechanism of injury was not submitted within the medical records. Her diagnosis was noted to be neck strain with radiation to bilateral hands. Her previous treatments were noted to include physical therapy, medications, and cortisone injections. The progress note dated 02/20/2014 reported the injured worker had severe pain to the neck with radiation to the bilateral upper extremities, and that she has returned to work on modified duty. The Request for Authorization Form dated 02/24/2014 is for 12 visits of physical therapy 2x6 or 3x4 to include physical therapy evaluation, therapeutic approach, traction, ultrasound, massage, and electrical stimulation for sprain of the cervical spine, radiculitis, and disc displacement, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION, TWELVE (12) VISITS OF PHYSICAL THERAPY, TWO TIMES A WEEK FOR SIX WEEKS OR 3 TIMES PER WEEK OVER 4 WEEKS THERAPEUTIC, TRACTION, ULTRASOUND, MASSAGE AND ELECTRICAL STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The request for physical therapy evaluation, twelve (12) visits of physical therapy, two times a week for six weeks or 3 times per week over 4 weeks therapeutic, traction, ultrasound, massage and electrical stimulation is non-certified. The injured worker has had previous physical therapy. The California Chronic Pain Medical Treatment Guidelines state passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. 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. The guidelines also state 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. The guidelines state home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines also state the use of active treatment modalities (exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The guidelines also recommend 8 visits to 10 visits over 4 weeks of physical therapy for radiculitis. There is a lack of documentation indicating current measurable objective functional deficits. There was a lack of documentation indicating the number of previous treatments as well as documentation indicating quantifiable objective functional improvement with the prior therapy. The documentation provided did not report the number of previous sessions with physical therapy, additionally the request 12 sessions would exceed the guidelines. The request also failed to identify the region at which physical therapy is being requested to be utilized. Therefore, the request is not medically necessary.