

Case Number:	CM14-0100223		
Date Assigned:	07/30/2014	Date of Injury:	08/19/2010
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 50-year-old female who reported an injury after sitting in a chair that was moving backwards and the chair flew out from beneath her on 08/19/2010. The clinical note dated 07/01/2014 indicated diagnoses of cervical disc degenerative disease with radicular symptoms and degenerative disc disease of the lumbar spine with radicular symptoms. The injured worker reported pain just below the left clavicle that radiates to the arm, described as numbness and tingling. The injured worker also reported ongoing pain in the lumbar area, as well, and the injured worker reported she had frequent falls. With the lumbar pain, the injured worker reported numbness and tingling down the left lower extremity. On physical examination of cervical spine, the injured worker was able to flex, extend, hyperextend, rotate, and do lateral movements but had deficits in all of those movements. The injured worker had trapezius and rhomboid muscle spasms. Examination of the lumbar spine revealed the injured worker was able to heel and toe walk. The injured worker was able to flex, extend, hyperextend, and rotate and do lateral movements and also twisting motions. However, she did have some minor limitations. The injured worker was unable to distinguish sharp versus dull but was able to distinguish between cool versus warm. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The provider submitted a request for physical therapy 3 x 6 and neurological consultation. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

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

Decision rationale: The request for Physical Therapy 3 X 6 is not medically necessary. 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. The guidelines note 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. It was indicated the injured worker had prior physical therapy; however, there is lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the physical therapy, including the number of sessions to warrant additional physical therapy. In addition, there is lack of documentation, including an adequate and complete physical exam demonstrating the injured worker had decreased functional activity, decreased range of motion, and decreased strength or flexibility. Moreover, the request did not indicate a body part for the physical therapy. Therefore, the request for Physical therapy 3 x 6 is not medically necessary.

Neurological Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter and Evaluation and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Neurological Consult is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. The documentation submitted has a diagnosis for cervical degenerative disc disease and lumbar degenerative disc disease. It is not indicated how a neurological exam would aid in the provider's determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. In addition, it was not indicated if the provider has exhausted all measures for the injured worker. In addition, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.

