

Case Number:	CM14-0102663		
Date Assigned:	07/30/2014	Date of Injury:	12/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Texas & Oklahoma. 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 46-year-old female who reported an injury on 10/30/2013. The mechanism of injury was not provided. On 02/20/2014, the injured worker presented with no complaints of pain. Upon examination of the cervical spine, range of motion was within normal limits. There were no sensory or motor dysfunction. The diagnoses were neck cervical spine strain and upper back strain. The provider recommended physiotherapy for the thoracic spine 2 times a week for 6 weeks. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy - Thoracic Spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for physiotherapy for the thoracic spine 2 times a week for 6 weeks is non-certified. The California MTUS states 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. 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 recommend up to 10 visits of physical therapy for up to 4 weeks. The clinical note provided has the injured worker stating that he is no longer in pain and the range of motion was within normal limits, no motor strength or sensory deficits are reported. The injured worker asked to be discharged and there is no deficit that needs to be addressed with physiotherapy. As such, the request is not medically necessary.