

Case Number:	CM14-0105570		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2011
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 65 year old female who reported an injury on 06/04/2011. The mechanism of injury was she reportedly struck her right shoulder and low back against a wall. Her diagnoses included chronic pain syndrome, lumbago, cervicgia, myalgia/myositis, and depression. She had MRI's done on 09/09/2011 which showed minimal degenerative changes in the lumbar spine and a cervical MRI showed a broad-based disc protrusion at C6-7 and small central disc protrusions at C3-4 and C4-5 without nerve impingement. Her past treatments included a home exercise program. Her surgeries were not provided. On 06/04/2014 the injured worker reported increasing neck pain and rated her pain 5/10. Physical findings included a mild decrease in her cervical range of motion due to pain and the myofascial test included mild trigger points with taut bands in the posterior cervical paraspinals. Her motor strength was noted to be normal throughout the upper and lower extremities. Her medications included Flector patch 1.3% applied over pained area x12 hours/day and Nortriptyline 50mg 1 tablet daily as needed. The treatment plan was for physical therapy 2 times per week for 4 weeks. The rationale for the request was she had increasing pain, myofascial release, and she needed education on a home exercise program. The request for authorization form was submitted 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks: 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): 98-99.

Decision rationale: Based on the clinical information submitted for review, the request for physical therapy 2 times per week for 4 weeks is not medically necessary. As stated in the California MTUS Guidelines, 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 suggest 9-10 visits over 8 weeks for myalgia and myositis. The injured worker reported increasing neck pain. Physical findings included a mild decrease in her cervical range of motion due to pain and the myofascial test included mild trigger points with taut bands in the posterior cervical paraspinals. Also, her motor strength was noted to be normal throughout the upper and lower extremities. As per the guidelines, active therapy is beneficial in restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort; however, the clinical documentation noted that her motor strength was normal and her functionality was not documented. There is no indication of any significant functional deficits that could not be addressed with the continuation of the injured worker's home exercise program. Furthermore, the request failed to provide information such as what body part required physical therapy. As such, the request for physical therapy 2 times per week for 4 weeks is not medically necessary.