

Case Number:	CM14-0011798		
Date Assigned:	02/21/2014	Date of Injury:	09/20/2013
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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 52-year-old female who reported an injury on 09/20/2013 secondary to a fall. The injured worker was evaluated on 12/16/2013 for a physical therapy evaluation. The exam noted this was the 23rd visit. The exam noted mild impairment at 55 degrees to 65 degrees of extension and mild muscle flexibility deficits at 50% to 95% of the cervical spine. The low back and abdomen evaluation noted severe difficulty with carrying medium weight objects, walking limited by knee pain, pain rated at 3/10 to 5/10, moderate impairment of active range of motion of right side bending, lumbar extension, and segmental mobility. Mild impairment was also noted on active range of motion of lumbar flexion and mild to moderate weakness of the upper and lower abdominal muscles. The injured worker was evaluated on 01/15/2014 for reports of left knee pain, head, neck, and lower back pain. The exam noted a moderately antalgic gait on the left, tender plica which was still very exquisite and localized, and mild effusion. The cervical and lumbar spine was tender. The diagnoses included cervical strain, posttraumatic headache, lumbar strain, radiographic lumbar scoliosis, left knee contusion, and progressive multiple myofascial tender points. The treatment plan included a left knee MRI, continued medication, a request for pain management, and a TENS unit. The treatment plan also indicated physical therapy had 1 session left and the injured worker was to finish and continue with a home exercise program. The request for authorization and rationale for request were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS CERVICAL AND SPINAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM - 4TH EDITION, LOW BACK COMPLAINTS, 300

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks, cervical and spinal is not medically necessary. The California MTUS Guidelines state that therapy can be beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines further recommend 9 to 10 visits over 8 weeks. The physical therapy evaluation did note marked improvement in function noting only mild impairment of active range of motion for cervical extension and mild muscle flexibility deficits for the levator scapula. The low back evaluation did still note severe difficulty with carrying medium weight objects and walking was limited by knee pain rated at 3/10 to 5/10. The lumbar spine range of motion remained at moderate impairment for both side bending and extension and segmental mobility, after 24 sessions of physical therapy. The treatment plan indicated the injured worker should finish the current physical therapy session and continue with home exercise program. There is a lack of indication of total number of sessions or timeframe for the request. Any further physical therapy sessions in addition to the previous 24 visits would exceed the recommended number by the guidelines. Therefore, based on the documentation provided, the request is not medically necessary.