

Case Number:	CM14-0013706		
Date Assigned:	02/26/2014	Date of Injury:	10/31/1994
Decision Date:	07/02/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 50-year-old male who reported an injury on 10/31/1994, the mechanism of injury was not provided. The clinical note dated 12/11/2013 noted the injured worker presented with pain in the low back, left posterior thigh, neck, bilateral upper and bilateral lower extremities. Upon exam of the cervical spine, extension, right lateral bending, and left lateral bending were at 75%. There was a positive Spurling's to the right and tenderness over the right cervical paraspinal, right trapezius, and right rhomboid. The lumbar extension was at 50%. The treatment plan included physical therapy extended biweekly x4 weeks, re-evaluation after completion of therapy to assess response, and possible cervical and/or lumbar epidural injections as an option. Prior treatments included physical and occupational therapy. The provider recommended 8 physical therapy treatments for the cervical and lumbar spine between 12/20/2013 and 03/23/2014. The rationale was not provided. The Request for Authorization form was not included in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE CERVICAL AND LUMBAR SPINE BETWEEN 12/20/2013 AND 3/23/2014: Upheld

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

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

Decision rationale: 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 individuals who complete a specific exercise or task. The guidelines recommend up to 10 sessions of physical therapy over 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The amount of physical therapy visits that have already been completed for the cervical and lumbar spines was not provided. There was a lack of measurable functional deficits. The frequency for the requested therapy was not provided. As such, the request is not medically necessary.