

Case Number:	CM14-0014943		
Date Assigned:	02/28/2014	Date of Injury:	07/23/2007
Decision Date:	06/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 68 year old female with an injury reported on 07/23/2007. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/08/2014, reported the injured worker complained of neck, low back, shoulders and hand pain. The physical examination findings reported restricted mobility with tenderness to palpation along cervical paraspinal musculature. It was noted in the treatment plan, the injured worker was to continue with physical therapy. The injured worker's diagnoses included cervical spin strain/sprain; lumbar spine strain/sprain; right shoulder strain/sprain; right and left wrist and hand carpal tunnel syndrome; anxiety and depression; insomnia; and elevated blood pressure rule out hypertension. The request for authorization was submitted on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 TO THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, PHYSICAL OR OCCUPATIONAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: The request for physical therapy 2 x 6 to the lumbar and cervical spine is non-certified. The injured worker complained of neck, low back, shoulders and bilateral hand pain. It was reported the injured worker has restricted mobility with tenderness to palpation along cervical paraspinal musculature. It was noted in the treatment plan, the injured worker is to continue with physical therapy. The California MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted that the injured worker has had previous physical therapy sessions. The outcome of the previous physical therapy sessions is unclear. Within the provided documentation an adequate and complete assessment of the injured worker functional condition was not provided; it was unclear if the injured worker had significant functional deficits. Furthermore, the amount of previous physical therapy sessions is unclear. In addition, the request for physical therapy 2 x 6 exceeds the recommended guidelines of 8-10 visits over 4 weeks. Therefore, the request is non-certified.