

Case Number:	CM14-0014965		
Date Assigned:	02/28/2014	Date of Injury:	07/23/2007
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
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 and is licensed to practice in California. 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 individual who sustained an injury on 7/23/2007. There are ongoing complaints of headaches, dizziness, neck pain, and back pain. The most recent office note dated 1/20/2014 documents a physical examination: nuchal scalp tenderness; restricted range of motion of the cervical spine in all planes; tenderness to palpation and palpable spasm of the cervical paraspinal muscles bilaterally, upper greater than lower. Gait was slow without a walker and patient was in a wheelchair. Muscle tone and mass normal without atrophy or fasciculations. Diminished sensation pin and light touch distal to both wrists and distal to the junction of the proximal and mid-thirds of both lower extremities. Reflexes 2+ in the upper extremities bilaterally; absent quadriceps reflexes bilaterally; 1+ gastrocnemius reflex on the right and trace on left. Current medications include: Hydrocodone, Sentra AM, Theramine, Gaboxetine, Nexium, Fluoxetine, Gabapentin, Atenolol, Ambien, Lorazepam, Butrans Patch, Benicar, Flexeril, and Zofran. A request has been made for physical therapy 2X6 to the cervical spine, lumbar spine and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES SIX TO THE CERVICAL SPINE, LUMBAR SPINE AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. § 12.01.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of physical therapy for the management of chronic pain to include myalgia and radiculitis; and allows up to 10 visits over 8 weeks. The injured worker has had 46 physical therapy visits authorized and continues to complain of chronic pain. Physical therapy 2 times a week for 6 weeks is considered excessive given the date of injury, clinical presentation, and the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.