MAXIMUS Federal Services

Case Number:	CM14-0016640		
Date Assigned:	04/11/2014	Date of Injury:	10/10/2013
Decision Date:	06/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 30 year-old male who reported an injury on 10/10/2013; the mechanism of injury was not provided in the medical records. The injured worker had diagnoses including intervertebral disc disorder with myelopathy. The injured worker continued to complain of pain to the cervical, thoracic and lumbar spine, bilateral shoulders, knees and ankles. The clinical note dated 04/06/2014 noted 3+ spasms and tenderness to the bilateral paraspinal muscles in the cervical spine from C3 to C7, in the bilateral suboccipital muscles and bilateral upper shoulder muscles. Distraction test was positive bilaterally, shoulder depression test was positive bilaterally, left and right brachioradialis reflexes were decreased, and the left and right triceps reflexes were decreased. There were +3 spasms and tenderness to the bilateral thoracic paraspinal muscles from the T5-T9. There were +3 spasms and tenderness to the bilateral paraspinal muscles from L2- S1 and in the multifidus. Kemp's test was positive bilaterally and the Braggard's was positive on the right. The right hamstring reflex and the right Achilles reflex were noted to be degreased. There were +3 spasms and tenderness to the bilateral rotator cuff muscles and bilateral upper shoulder muscles. Speeds test and supraspinatus test were both positive bilaterally. There were +3 spasms and tenderness to the left knee anterior joint line, vastus medialis, and popliteal fossa. There were +2 spasms and tenderness to the right knee anterior joint line and the right quadriceps muscle. Varus test, anterior and posterior drawer test and Murray's test were all positive bilaterally. The injured worker has completed 12 sessions of physical therapy. The request for physical therapy x 6 visits for cervical, thoracic, lumbar spine, bilateral shoulders, knees, ankles was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 6 VISITS FOR CERVICAL, THORACIC, LUMBAR SPINE, BILATERAL SHOULDERS, KNEES, ANKLES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG PHYSICAL THERAPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less). The guidelines recommend injured workers should participate in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks for myalgia and myositis and 8-10 sessions of physical therapy over 4 weeks for neuralgia, neuritis, and radiculitis. The documentation provided indicated the injured worker completed 12 sessions of physical therapy; however, the documentation failed to provide evidence of measurable objective functional gains made with the treatment. The guidelines indicate 9-10 visits are recommended over 8 weeks. The guidelines also indicate that an assessment is needed prior to physical therapy in order to demonstrate the patient's deficits as well as to establish a baseline which can be used upon completion of therapy to assess whether the patient made significant functional improvements during the course of therapy in order to justify further treatment. The documentation provided indicated the injured worker had completed 12 sessions of physical however a current assessment of the patient's objective functional condition was not provided in order to demonstrate deficits needing to be addressed with physical therapy. The request for 6 additional sessions would also exceed the guideline recommendations. It was unclear why the injured worker would require active formal physical therapy as opposed to a home based exercise program. Therefore, the current request for physical therapy x 6 visits for cervical, thoracic, lumbar spine, bilateral shoulders, knees, ankles is not medically necessary.