MAXIMUS Federal Services

Case Number:	CM14-0017862		
Date Assigned:	04/16/2014	Date of Injury:	08/04/1997
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 57 year old female who reported an injury on 08/04/1997. The submitted physician's progress report documents a flare up of symptoms including pain that varies and fatigue. The most recent progress report dated 01/07/2014 states no change in symptoms since evaluation on 12/10/2013. That progress report documents active range of motion to cervical spine as forward flexion at 35 degrees, extension at 30 degrees, right rotation at 40 degrees, left rotation at 45 degrees. The injured worker also has bilateral pain in trapezius and forearms, positive left cubital. The injured worker continues a home exercise program with use of a thermaband and Advil as needed. The recommendation on 01/07/2014 was physical therapy to restore function and decrease pain. The injured worker was instructed to return to full work duty. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment is not found in the submitted documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE, BILATERAL ELBOWS AND BILATERAL WRISTS- 8 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Neck And Upper Back Chapter

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

Decision rationale: The request for physical therapy for the cervical and lumbar spine, bilateral elbows and bilateral wrists - 8 visits is not medically necessary. The injured worker has only slight functional limitations and no indication of elbow range of motion deficits. The reported pain is non specific nor is it rated with or without the use of Advil. The injured worker has had previous thereapy and current home exercise. The MTUS Guidelines state that 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. Also, the guidelines for physical medicine do not allow for the number requested. Therefore, due to the documentation submitted and the request in excess of visits granted under the guidelines; the request is not medically necessary.