

Case Number:	CM14-0017872		
Date Assigned:	04/16/2014	Date of Injury:	12/01/2004
Decision Date:	06/02/2014	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 Washington. 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 48-year-old male who reported an injury on 12/01/2004. The mechanism of injury was not stated. The current diagnosis is cervicalgia. The injured worker was evaluated on 10/14/2013. The injured worker reported persistent neck pain as well as lower back pain. Physical examination revealed 5/5 motor strength in bilateral upper and lower extremities, tenderness to palpation with stiffness and soreness bilaterally, reduced range of motion, and intact sensation. The treatment recommendations at that time included physical therapy 2 to 3 times per week for 6 to 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY (2 X PER WEEK FOR 6 WEEKS) FOR THE CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines - Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The treatment for unspecified myalgia and myositis includes 8 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically appropriate.