

Case Number:	CM14-0019770		
Date Assigned:	04/28/2014	Date of Injury:	12/15/2011
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 36 year old male who reported an injury on 12/15/2011, due to an unknown mechanism. The clinical note dated 01/15/2014 presented the injured worker with 5/10 neck pain that radiated to the bilateral upper extremities and 6/10 low back pain radiated to the bilateral lower extremities with weakness. The injured worker's physical exam finding revealed a positive right Braggards, a positive right sciatic notch, a positive Fabere, and a decreased sensation on the right L5 dermatome. The injured worker is diagnosed with a cervical strain, lumbar spondylolithesis, L5-S1 pars fracture, right lower extremity radiculopathy, and psychological factors secondary to work related injury. The provider recommended physical therapy 2 times a week for 3 weeks. The request for authorization form is dated 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The guidelines allow for up to 10 visits of physical therapy, however the amount of physical therapy visits that have already been completed is unclear. Therefore, the request is not medically necessary and appropriate.