MAXIMUS Federal Services

Case Number:	CM14-0114952		
Date Assigned:	08/04/2014	Date of Injury:	03/04/2002
Decision Date:	10/02/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 03/04/2002. The mechanism of injury was not noted within the clinical note. The injured worker's diagnosis was noted to be status post cervical trauma with odontoid fracture requiring cervical fusion at C1-2; bilateral wrist, hand, forearm, and elbow tendonitis and strain; bilateral carpal tunnel syndrome; bilateral shoulder strain with impingement, status post left shoulder surgery; and urinary urgency and incontinence due to cervical myelopathy. The injured worker has had prior treatments of therapy, medications, and injections. The injured worker was noted to have a history of several surgical procedures. The injured worker had a clinical evaluation on 06/12/2013, with subjective complaints of a pain that radiated to the right upper extremity and hand; bilateral shoulder pain; bilateral wrist, hand, and elbow pain; headaches; urinary urgency and incontinence. The injured worker was noted to have several diagnostic imaging studies. Physical examination noted moderate spasms of the cervical spine, slight to moderate tenderness to the left acromioclavicular region of the left shoulder, tenderness of the elbow and forearm muscles noted, well-healed surgical scar over the digital crease of the left palm with tenderness in the region of the wrists and hands bilaterally. The treatment plan was medication management, continue use of a gel mattress pad, a psychiatric consultation, and continue use of a muscle stimulator. The provider's rationale was not noted within this clinical evaluation. A Request for Authorization form was also not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy- 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy Guidelines

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

Decision rationale: The request for physical therapy - 12 visits - is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow up to 10 visits over 8 weeks. The provider's request is in excess of the recommended visits per the guidelines. The injured worker was noted to have had a recent course of physical therapy without efficacy noted within the clinical documentation submitted for review. As such, the requested physical therapy - 12 visits - is not medically necessary.