

Case Number:	CM14-0122927		
Date Assigned:	08/08/2014	Date of Injury:	09/30/2013
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 patient is a 54 year old female who sustained an industrial injury on 9/30/2013. Diagnoses include cervical/thoracic discopathy and cervicgia/neck pain. She continues treatment for ongoing neck and upper back pain. Past medical treatment has included chiropractic, physical therapy, medications, and modified work status. The patient had an initial orthopedic evaluation on 3/20/2014, regarding complaints of constant pain in the cervical spine that radiates to the shoulders blades and thoracic spine, also associated headaches. Physical examination revealed paravertebral muscle spasm with positive axial loading compression test. There appears to be extension of symptamotology that appears to be in the C5-6 roots and dermatome right greater than left. There is tenderness throughout the dorsal column muscles and in themed to distal thoracic segments over the spinous processes. She has had some Physical Therapy (PT), and can continue doing self-instructed home exercises. The patient is currently working self-modifying job duties as needed. The patient was seen for follow-up with PTP on 5/1/2014, complaining of continued neck pain and headaches, and difficulty sleeping. Examination documents cervical positive axial loading, positive Spurling's and spasm and decreased Range of Motion (ROM). Diagnosis is neck pain. Treatment plan includes PT and refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the C/S, L/S, knees, feet, and shoulders: 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): 98-99.

Decision rationale: According to the medical records, the patient has undergone some chiropractic care and physical therapy. According to the CA MTUS, 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. According to the medical records, the patient had undergone prior course of therapeutic care with temporary benefit. The 3/20/2014 report documents the patient was recommended to continue her self-care home exercise program. The medical records do not indicate why the patient is unable to utilize the instructions gained from her prior course of therapy and actively perform an independent home exercise program to maintain function and prior gains. In addition, there is no evidence of any injury involving the knees, feet, shoulder or low back. The medical records do not establish this patient has presented with a new injury or clinically significant exacerbation unresponsive to self-care measures, as to indicate a needed for short-term return to attended care. The medical necessity of the request is not established.