

Case Number:	CM14-0123705		
Date Assigned:	08/08/2014	Date of Injury:	05/09/2013
Decision Date:	10/01/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 63-year-old female with a reported date of injury on 05/09/2013. The mechanism of injury was noted to be from a slip and fall. Her diagnoses were noted to include cervical radiculopathy, piriformis syndrome, cervical disc disorder, degenerative disc disease to the lumbar spine, thoracic pain, low back pain, dizziness, and giddiness. Her previous treatments were noted to include a cervical epidural steroid injection, chiropractic treatment, acupuncture, and medications. The physical therapy note dated 03/19/2014 revealed the range of motion improvements from extension was 10% to 50%, flexion from 80% to 100%, left rotation from 25% to 75%, and right rotation from 75% to 50%. The range of motion to the lumbar spine: Extension went from 15% to 50%, flexion was from 100% to 100%, left rotation was from 50% to 100%, and right rotation was from 50% to 100%. The progress note dated 06/30/2014 reveal complaints of neck pain that radiated from the neck down to both arms, upper back, mid back, and low back pain radiating down the bilateral legs. The injured worker rated her pain with medications as 7/10 and without medications as 9/10. Her quality of sleep was poor, and her activity level remained the same. The physical examination of the cervical spine revealed range of motion restricted with flexion was to 45 degrees, extension was to 30 degrees limited by pain. Tenderness was noted at the paracervical muscles, rhomboids, and trapezius. The Spurling's maneuver caused pain in the muscles of the neck, but no radicular symptoms. The cervical facet loading test was positive on both sides. The thoracic spine noted tight muscle banding and tenderness to the paravertebral muscles bilaterally. The physical examination of the lumbar spine noted restricted range of motion with flexion was to 60 degrees, extension was to 10 degrees, limited by pain. Upon palpation, the paravertebral muscles had tenderness and tight muscle banding noted to both sides. The straight leg raise test was negative. There was decreased motor strength noted to the wrist extensors, elbow flexors, elbow extensors, and shoulder abduction.

The sensory examination was within normal limits to all 4 extremities. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy 2 times a week x 6 weeks to the cervical, lumbar, and thoracic spine, to initiate a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 6wks Cervical, Lumbar Spine, Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The injured worker has received previous 36 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. 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. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has previously completed 36 sessions of physical therapy with quantifiable objective functional improvements. There are current measurable objective functional deficits documented; however, the request for 12 additional sessions of physical therapy sessions exceeds guideline recommendations and there are no exceptional factors to warrant additional physical therapy. Therefore, the request is not medically necessary.