

Case Number:	CM14-0129902		
Date Assigned:	08/20/2014	Date of Injury:	06/19/2001
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 & 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 72-year-old male who reported an injury on 06/19/2001. The mechanism of injury was not provided. On 06/16/2014, the injured worker presented with neck pain radiating from the neck down to the bilateral arms, back pain radiating from the low back to the right leg, lower backache and right lower extremity weakness and numbness over the right leg. Prior therapy included a lumbar epidural steroid injection, medications and electrodiagnostic studies. Upon examination of cervical spine there was restricted range of motion with range of motion values of 45 degrees of flexion 20 degrees of extension and 25 degrees bilateral rotation. There was tenderness over the paravertebral muscles with tight muscle band noted bilaterally. Examination of the lumbar spine noted loss of lower lordosis with straightening of the lumbar spine. Range of motion values was 60 degrees of flexion, 15 degrees of extension, 25 degrees of bilateral rotation and tenderness and spasm with tight muscle band noted bilaterally. There was tenderness noted over the posterior iliac spine on the right side and trigger point with radiating pain and twitch response upon palpation of the cervical paraspinal muscles and right trapezius muscle. The diagnoses were spasm of muscle, postlumbar laminectomy syndrome, pain of the joint shoulder, elbow pain, lumbar radiculopathy, lumbar/lumbosacral disc degeneration, disc disorder of the lumbar and chronic back pain. The provider recommended physical therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy sessions: 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 states 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy, the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home and there are no significant barriers to transitioning the injured worker to a limited home exercise program. Additionally, the provider's request does not indicate the site that the physical therapy is indicated for or the frequency of the visits in the request as submitted. As such, the request of six (6) Physical Therapy sessions is not medically necessary and appropriate.