MAXIMUS Federal Services

Case Number:	CM14-0132904		
Date Assigned:	08/22/2014	Date of Injury:	06/06/2013
Decision Date:	09/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 39-year-old female, who reported injury on 06/06/2013. She reportedly sustained injuries while she was assisting a nurse in lifting a student. She lifted a student and took him into the bathroom by herself, to the changing table, but the guard rail was up, so she had to lie the student down. When the injured worker went to lie him down, she bent over, and she was on her tippy toes and strained her back. The injured worker's treatment history included physical therapy, medications, chiropractic treatment, MRI studies, and acupuncture sessions. The injured worker was evaluated on 07/06/2014, and it was documented that the injured worker complained of continued neck pain and headaches. She rated the pain at 8/10 and frequent. Objective findings, cervical range of motion: Flexion was 60/60; extension was 45/50, limited due to soreness; lateral flexion limited at 35/40 bilaterally (more sore type of pain); rotation was 75/80 bilaterally, limited by mild pain. Palpation noted moderate pain bilaterally of the posterior cervical and upper trapezius musculature. Cervical distraction was noted, some relief of pain if not pulled lightly. Cervical compression was positive for local neck pain. Soto Hall was positive for neck pain into the upper back. Upper extremities were intact for reflexes and sensation. Diagnoses included cervical sprain/strain, cervical root lesions, cervicalgia, encephalagia, and pain in thoracic. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy, acupuncture sessions and chiropractic sessions. However, the provider failed to indicate outcome measurements of home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. The request failed to include frequency and location where physical therapy is required for the injured worker. Given the above, the request for 12 Physical Therapy visits is not medically necessary.