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| Case Number: | CM14-0160334 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 06/10/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 45 year old male who reported injury on 06/10/2013. The injury reported was due to being struck by a large bolt to the face. He was diagnosed with cervical and lumbar strain. The previous treatments included physical therapy. Within the clinical note dated 06/19/2014 it was reported the injured worker complained of pain. He rated his pain 8/10 in severity. Upon the physical examination the provider noted the range of motion to be Flexion 20 degrees; extension 20 degrees; Rotation in the right 45 degrees, rotation in the left 80 degrees; right lateral flexion 10 degrees; left lateral 10 degrees with muscle strength 5/5 to upper extremities. He was noted to have decreased positional and work tolerance contributing to him being unable to safely meet the essential demands required for his occupation, specifically the requirement to lift 150 lbs. Although he had made improvements, his remaining deficits prevent him from performing his occupation without risking injury. A request was received for additional physical therapy two times a week for eight weeks to help with spasms. The Request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical additional physical therapy two times a week for eight weeks QTY:(8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 08/04/2014) Physical Therapy

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

Decision rationale: The request for additional physical therapy two times a week for eight weeks for cervical is not certified. The California MTUS guideline states active therapy is based on the philosophy that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker did show improvement in functional deficits and documents did state that the injured worker was attending a physical therapy program, however there is no documentation supporting him attending physical therapy treatments or how long he had been going. The California Guidelines also state that the recommended visits for Myalgia and Myositis is 9-10 visits over 8 weeks. There is lack of documentation indicating the number of sessions the injured worker has undergone. The efficacy of the previous sessions was not submitted for clinical review. As such the request is not medically necessary.