

Case Number:	CM14-0169389		
Date Assigned:	10/17/2014	Date of Injury:	02/01/2012
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery 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:

Claimant with industrial injury reported on February 1st, 2012. Exam note 8/26/14 demonstrates report of home exercise program. Report is made of severe flare-ups of cervical tension headaches, which occur twice per week. Physical examination demonstrates flexion and extension of 45 degrees. Significant Spurling's sign is noted into the upper arm and Lhermitte's into the interscapular region. Hyperreflexia is noted with dermatomal loss in the C4-C7 distribution. Weakness is noted in the biceps, triceps and grip strength. Request made for 12 visits of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Additional Post operative physical therapy times 12-lumbar:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for the following musculoskeletal conditions, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1

or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks As the requested physical therapy exceeds the recommendation, the determination is for non-certification.