

Case Number:	CM14-0175624		
Date Assigned:	10/28/2014	Date of Injury:	02/27/2010
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 64-year-old male who reported an injury on 02/27/2010. The mechanism of injury was not provided. On 09/16/2014, the injured worker presented with pain in the right neck and scapular region. He stated that physical therapy seems to help his pain. Upon examination, the injured worker was able to transfer and ambulate without difficulty. He is left handed, and stated that he has a larger left as compared to right upper extremity, with decreased sensation to pinprick in the right upper extremity. There was 1/4 reflexes in the upper extremities and 4/5 strength in the right upper extremity due to pain. There was noted tenderness and tightness, with taut bands of muscle in the left upper extremity. The diagnoses were sprain/strain of the cervical spine, right neck and scapular pain, and myofascial pain. Prior therapy included medications and physical therapy. The provider recommended physical therapy times 10 for stretching and strengthening. 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:

Physical therapy times ten (10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS Guidelines state 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 and 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 courses of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. However, the amount of physical therapy visits that have already been completed was not provided. There are no significant barriers to transitioning the injured worker to a home exercise program. Additionally, the site at which the physical therapy visits was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.