

Case Number:	CM14-0023275		
Date Assigned:	06/11/2014	Date of Injury:	01/11/2013
Decision Date:	07/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 and 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 69-year-old female who reported an injury after she tripped over wires, landing on her elbows and knees on 01/11/2013. The clinical notes dated 09/13/2013, 11/22/2013, and 01/31/2014 submitted by the physician were handwritten and largely illegible. However, the clinical note dated 07/31/2013 indicated the injured worker reported intermittent burning pain of the right shoulder and right cervical spine rated 4-5/10. The injured worker reported decreased pain in the morning and increased pain in the evening. The injured worker reported difficulty with upper extremity activities such as lifting, pushing, pulling, and reaching. On physical exam, the injured worker's flexion was 40 degrees, extension was 20 degrees, left side bending of the cervical spine was 10 degrees, side bending right was 20 degrees, left rotation 45 degrees, right rotation 45 degrees. The injured worker's cervical rotators were normal on the left, on the right the cervical rotators were 4, scapular 4, middle deltoid 4, and wrist extensor 4. The triceps brachii 4, extensor pollicis longus was 4, and the interossei was 4. The injured worker's deep tendon reflexes and sensation were intact. The injured worker's prior treatments were physical therapy. The provider submitted a request for additional physical therapy 2 times 4 (cervical). A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2X4 CERVICAL: 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 request for ADDITIONAL PT 2X4 CERVICAL is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend 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 was lack of documentation of efficacy and functional improvement of the previous physical therapy provided. In addition, there was lack of documentation of extraordinary indication for therapy extension. Additionally, the documentation submitted did not indicated the number of physical therapy sessions completed. Furthermore, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for additional physical therapy 2 times 4 (cervical) is non-certified.