

Case Number:	CM14-0023898		
Date Assigned:	06/11/2014	Date of Injury:	02/16/2010
Decision Date:	08/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 52-year-old female who reported an injury on 02/16/2010. The mechanism of injury was not provided. On 05/12/2014 the injured worker presented with back and leg complaints. She completed an MRI of the back and an EMG of the leg; however, the results were not submitted. On examination there was marked loss of range of motion to the neck and an intact neuro exam. Diagnoses were dorsal wrist tendinitis, lumbar strain/sprain, and cervical strain/sprain. Prior treatment included medication and physical therapy. The provider recommended physical therapy 2 times a week for 6 weeks to the cervical spine. The provider's rationale was not provided. The Request for Authorization form was not included in 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 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks for the cervical spine is non-certified. California MTUS states 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. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There is lack of documentation indicating the injured worker's prior course of physical therapy, as well as efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home; there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is non-certified.