

Case Number:	CM14-0023945		
Date Assigned:	06/11/2014	Date of Injury:	03/17/2011
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
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 Texas. 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 72 year old female who reported an injury on 05/04/2006 due to an industrial injury at work. It was also noted that the intensity of her muscle tension headaches had reduced while attending physical therapy once a week. The injured worker states her pain level was a 2/10 on the low side and ranging from 7/10 on the high side. On the physical examination done on 01/24/2014 it was noted that the cervical range of motion remains restricted in the bilateral torsion with mild tenderness noted over the bilateral muscle more on the left than the right. There was mild tenderness over present at C4-C5 and C5-C6 levels in the midline with tenderness over the nuchal occipital line. The mobility in the shoulder joint and neurological assessment in the upper extremity was normal. The injured worker lumbar spine flexion was 25% and extension was at 75%. It was also noted that the right shoulder of active forward flexion was 155 degrees and 142 degrees of the active abduction and the left shoulder was at 140 degrees of active forward flexion and 123 degrees of active abduction. The shoulder strength was noted was a positive 4 bilaterally. The injured worker diagnoses include cervical and lumbar pain, headaches, and bilateral shoulder pain. On 01/27/2014 there was no radiation of pain into upper extremities. She states that physical therapy is helping her tremendously with her neck pain. It was also noted that the intensity of her muscle tension headaches had reduced and attending physical therapy once a week is the resolution of her reduced muscle tension headaches. It was also noted the injured worker had physical therapy no documentation provided to state duration or efficacy of the physical therapy. The injured worker diagnoses include cervical degenerative disc disease and lumbar and lumbar degenerative disc disease with chronic low back pain and intermittent lower extremities radicular symptoms. The treatment plan included additional physical therapy time 12 visits. The authorization for request was submitted on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES TWELVE: 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): 98-99.

Decision rationale: The injured worker had already completed sessions of physical therapy. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend up to 10 physical therapy visits. There was lack of evidence of duration and efficacy of the physical therapy while the injured worker attended physical therapy. The injured worker diagnosis is cervical degenerative disc disease and muscle tension with headaches. Per the documentation provided the injured worker has already completed an undisclosed amount of physical therapy not documented. Furthermore, there lack of documentation of active modalities and conservative care such as, home exercise program. Furthermore, the request for an additional 12 visits of physical therapy did not include frequency or location where the physical therapy is needed. As such, the request for the additional 12 visits of physical therapy is not medically necessary and appropriate.