

Case Number:	CM14-0028464		
Date Assigned:	06/16/2014	Date of Injury:	08/09/2006
Decision Date:	07/31/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Ohio. 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 61-year-old female with a reported date of injury on 08/09/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include C5-6 and C6-7 anterior cervical discectomy and fusion, bilateral upper extremity rapid radiculopathy, L5-S1 posterior lumbar interbody fusion, bilateral lower extremity radiculopathy, bilateral carpal tunnel syndrome, and lumbar spinal cord stimulator implant. Her previous treatments were noted to include spinal cord stimulator, home exercise program, and medications. The progress note dated 01/16/2014 reported her pain to the lower back rated 5/10. The injured worker indicated she does self-directed physiotherapy, but is often limited due to pain. The injured worker indicated she tried to walk on a regular basis with the use of her 4-wheeled walker, but was severely deconditioned with overall poor strength, balance, and endurance. The injured worker was requesting outpatient physical therapy since she wanted to improve her functional level and overall quality of life. The physical examination revealed posterior cervical musculature revealed tenderness to palpation bilaterally, with increased muscle rigidity. The provider reported there were numerous trigger points which were palpable throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions. There was also tenderness noted along the suboccipital regions bilaterally. The provider reported a significant decrease in range of motion. The injured worker was able to bend her chin forward to 120 degrees, and extension was limited to 10 degrees. The provider reported tenderness to palpation along the posterior lumbar musculature with decreased range of motion with both flexion and extension. A straight leg raise was positive to the left and negative on the right. The Request for Authorization form was not submitted within the medical records. The request is for physical therapy 2 times a week x6 weeks for the cervical and lumbar spine to improve functional level and overall quality of life.

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 cervical, lumbar: 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 request for physical therapy 2 times a week x6 weeks to the cervical and lumbar spine is not medically necessary. The injured worker complains of pain to her cervical and lumbar spine, as well as a diminished range of motion. The Chronic Pain Medical Treatment Guidelines recommend active therapy, which requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance of functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable objective functional deficits in regard to range of motion and motor strength. There was also a lack of documentation regarding previous physical therapy, with quantifiable objective functional improvements, as well as number of previous sessions. Therefore, due to the lack of documentation regarding current measurable objective functional deficits, as well as previous treatment documentation, physical therapy is not warranted at this time. As such, the request is not medically necessary