

Case Number:	CM14-0030894		
Date Assigned:	04/09/2014	Date of Injury:	04/11/2002
Decision Date:	05/12/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Sports Medicine 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 53-year-old female who reported an injury on 04/11/2002. The mechanism of injury was not provided. Current diagnoses included cervical spine strain, radiculitis, and cervical disc displacement. The injured worker was evaluated on 02/20/2014. The injured worker reported 9/10 severe pain in the cervical spine with radiculitis. Physical examination revealed positive Spurling's maneuver, positive compression testing, and weakness. Treatment recommendations at that time included continuation of current medications as well as additional physical therapy. A request for authorization was then submitted on 02/24/2014 for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VISITS OF PHYSICAL THERAPY 2 TIMES A WEEK FOR SIX WEEKS OR 3 TIMES A WEEK FOR 4 WEEKS TO INCLUDE THERAPEUTIC PROCEDURES, THERAPEUTIC EXERCISES, THERAPEUTIC ACTIVITIES, MANUAL THERAPY, MECHANICAL TRACTION, ULTRASOUND, MASSAGE, AND ELECTRICAL STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. There is no documentation of this injured worker's previous participation in physical therapy. Therefore, ongoing treatment cannot be determined as medically appropriate. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for physical therapy evaluation and 12 visits of physical therapy two (2) times a week for six (6) weeks is non-certified.

PHYSICAL THERAPY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. There is no documentation of this injured worker's previous participation in physical therapy. Therefore, ongoing treatment cannot be determined as medically appropriate. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for physical therapy evaluation and 12 visits of physical therapy two (2) times a week for six (6) weeks is non-certified.