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| Case Number: | CM14-0032427 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 06/11/2013 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 & 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 57-year-old female who reported an injury on 06/11/2013. The mechanism of injury was not specifically stated. Current diagnoses include chronic neck pain, right and left shoulder painful motion, chronic low back pain, depression, anxiety, sleep difficulty, abdominal pain, and headaches. The injured worker was evaluated on 02/05/2014 with complaints of 6/10 low back pain, 8/10 neck pain, and 6/10 right and left shoulder pain. Physical examination of the cervical spine revealed muscle guarding, painful range of motion, 45 degrees of forward flexion, 50 degrees extension, and tenderness to palpation. Treatment recommendations included physical therapy twice per week for 6 weeks for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical: 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)/physical therapy.

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

Decision rationale: 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. There was no frequency or total duration of treatment listed in the request. Therefore, the request is not medically necessary.