MAXIMUS Federal Services

Case Number:	CM14-0033014		
Date Assigned:	07/02/2014	Date of Injury:	12/04/2013
Decision Date:	08/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old male with a reported date of injury on 12/04/2013. The mechanism of injury was noted to be from breaking ice. His diagnoses were noted to include, anxiety, cervical radiculopathy, classic migraine with aura, insomnia, plantar warts, and thoracic outlet syndrome. His previous treatments were noted to include physical therapy and medications. The progress note dated 06/19/2014, reported the injured worker complained of neck pain. No physical examination was performed. The progress note dated 02/20/2014, revealed the injured worker had pain with rotation and side and forward flexion. The injured worker complained of numbness to his hands, but the left hand was somewhat improved. The injured worker revealed after physical therapy sessions that he had improvements in stiffness and range of motion in his neck and improvement in paresthesias. The physical examination noted a decreased range of motion to the neck, decreased sensation to light touch with bilateral fingers. The Request For Authorization form was not submitted within the medical records. The request was for physical therapy - additional, twice a week for 6 weeks due to cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY - ADDITIONAL, TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY.

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

Decision rationale: The request for physical therapy - additional, twice a week for 6 weeks is not medically necessary. The injured worker has completed previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapetic 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. 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 in functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. The injured worker has received an unkown number of physical therapy sessions. There is a lack of documentation regarding current measurable, objective, functional deficits in regards to range of motion and motor strength, quantifiable objective functional improvement with unknown number of previous physical therapy sessions completed, and exceptional factors to indicate the need for additional therapy. Therefore, the request is not medically necessary. Additionally, your request of 6 sessions exceeds guideline recommendations.