

Case Number:	CM14-0034974		
Date Assigned:	07/09/2014	Date of Injury:	10/10/2011
Decision Date:	09/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Management 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 41-year-old male with a reported date of injury on 10/10/2011. The mechanism of injury was noted to be a slip and fall. His diagnoses were noted to include cervicalgia/neck pain, lower back pain, left shoulder joint pain, ankle/foot pain, poor coping with chronic pain and disability and thoracic sprain. His previous treatment was noted to include chiropractic treatment, acupuncture and medications as well as physical therapy. The progress noted dated 02/24/2014 revealed that the injured worker rated his pain at a 7/10. The injured worker indicated that the pain continued to bother him, which limited his ability to do his activities of daily living. The physical examination noted that the reflexes were 1+, and the strength was 5/5 in the upper extremities. There were tender areas noted over the cervical facet joints and trapezius. The Request for Authorization was not submitted within the medical records. The request is for physical therapy to the cervical spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine for six (6) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has received previous physical therapy sessions. The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and 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 the therapist or medical provider, such as verbal, visual and/or tactile instruction. Patients are instructed in and expected to continue with 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 and functional activities with assistive devices. The guidelines recommend for myalgia and myositis, for 9 to 10 visits over 8 weeks. There was a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements from the previous physical therapy sessions. There was also a lack of documentation regarding the number of previous physical therapy sessions. Additionally, the progress note indicated the injured worker was to continue with his home exercise program. As such, the request is not medically necessary.