

Case Number:	CM14-0038503		
Date Assigned:	06/27/2014	Date of Injury:	06/06/2006
Decision Date:	08/14/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 Illinois. 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 68-year-old male who reported an injury on 06/06/2006 due to an unknown mechanism. Physical examination on 03/05/2014 revealed intermittent moderate bilateral knee pain. The injured worker reported moderate neck pain with headaches and radiation to the bilateral upper extremities, and moderate low back pain. Examination of the cervical spine revealed tenderness about the paracervical and trapezial muscles. There was restricted range of motion due to complaints of discomfort and pain. There was muscle spasms noted. Examination of the bilateral wrists and hands revealed tenderness to palpation noted diffusely and weakness in grip strength. There was restricted range of motion due to complaints of discomfort and pain. Examination of the lumbosacral spine revealed tenderness to palpation and spasms about the paralumbar musculature with tenderness at the midline thoracic lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There was restricted range of motion due to complaints of discomfort and pain. Examination of the left knee revealed tenderness to palpation diffusely. There was no crepitus or laxity. The right knee revealed tenderness to palpation about the lateral joint line and positive McMurray's test on the right. Medications for the injured worker were omeprazole 20 mg, naproxen 550 mg, and tramadol 50 mg. Diagnoses of the injured worker were cervical spine sprain/strain, status post anterior cervical discectomy and fusion of C3-4 and C4-5, status post bilateral carpal tunnel release, lumbar spine sprain/strain with radicular complaints and bilateral knee sprain/strain. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: It was noted that the injured worker has had previous physical therapy. It was also noted that the provider encouraged the injured worker to do therapeutic exercises for range of motion and strengthening purposes on his own. However, objective measurements of deficits for the injured worker were not reported, such as values for range of motion and strength values. The California Medical Treatment Utilization Schedule recommends physical medicine as passive or active therapy. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines recommend to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For unspecified myalgia and myositis, 9 to 10 visits over an 8 week period is recommended. For unspecified neuralgia, neuritis, and radiculitis, 8 to 10 visits over a 4 week period is recommended. The documents submitted did not report VAS scores for the injured worker. The medical necessity of the request has not been established. Objective measurements of deficits for the injured worker were not reported. The request failed to indicate what body part was to have physical therapy. Therefore, the request is not medically necessary.