

Case Number:	CM14-0040913		
Date Assigned:	06/30/2014	Date of Injury:	10/14/1999
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 Nevada. 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 67-year-old female who was reportedly injured on 10/14/1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 4/28/2014, indicated that there were ongoing complaints of neck and back pains. The physical examination revealed restricted neck and back range of motion, 4/5 muscle strength of the left extensor hallucis longus/extensor digitorum communis, anterior tibialis, gastrocnemius and soleus, and toe flexors, mildly positive straight leg raise and Lasegue sign on the left. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request was made for physical therapy of the cervical spine and was not certified in the pre-authorization process on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to cervical Spine: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has chronic neck and back complaints, and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent previous physical therapy therapy . In respect to the date of injury and the absence of clinical documentation to support additional physical therapy versus a home exercise regimen, this request is not considered medically necessary.