

Case Number:	CM14-0048665		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 58-year-old injured on September 25, 2012. The mechanism of injury is noted as a work-related fall. The most recent progress note, dated March 30, 2014 indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated cervical, mild torticollis, positive head compression sign bilaterally, positive Spurling's maneuver bilaterally, tenderness and muscle spasm bilaterally. Pain with scapular retraction, swelling and inflammation in the Levator scapulae bilaterally. Forward flexion 25, extension 20, tilt and rotation to the right/left 20-25 with pain. No gross evidence of instability. Biceps reflexes are diminished. Biceps/wrist extensor muscle strength is diminished. Decreased sensation dorsal aspect of the hand. Lumbar spine reveals tenderness to the thoracolumbar spine down to base of pelvis. Paralumbar musculature tight bilaterally. Buttocks are tender. Unable to squat due to pain. Tenderness on stress to the pelvis which indicates mild sacroiliac joint symptomology. Range of motion, flexion 20, extension 15, and tilt to the right/left is 15. No gross instability noted. Bilateral lower extremity reflexes are intact, no clonus. Motor weakness noted in the lower extremities, although testing causes mild pain. Sensation intact bilateral lower extremities. Mild sciatic stretch bilaterally. No recent diagnostic studies are available for review today. Previous treatment includes acupuncture, epidural steroid injections, pain management and medications which include topical analgesic cream, Diclofenac, and Tramadol/APAP. A request had been made for URGENT Physical Therapy 2x wk x 4 wks Cervical Spine Qty: 8, and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Physical Therapy 2x wk x 4 wks Cervical Spine Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: After review of the medical documentation it is noted that the injured worker is with ongoing complaints of neck pain which according to the treating physician require surgery. At this time surgery has not been approved, therefore the request for physical therapy for the cervical spine, twice weekly for four weeks, is not medically necessary or appropriate.