

Case Number:	CM14-0055155		
Date Assigned:	07/07/2014	Date of Injury:	03/13/2003
Decision Date:	08/27/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 67 year-old female with date of injury 03/13/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/06/14, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed restricted range of motion, spasm, and muscle guarding secondary to pain. Patient's gait was antalgic. Diagnosis: 1. Lumbar disc desiccation 2. Cervical strain 3. Slight degenerative disc and facet disease with stenosis C4-5 and C5-6 4. Upper back strain 5. Mild bilateral carpal tunnel syndrome 6. L4-5 grade 1 spondylothesis. Patient had previously been approved for a 12 month gym membership which she attends on a regular basis. It allows her access to treadmill/stationary bicycle and aquatic exercises to help maintain and increase strength and activity tolerance. Patient has completed 12 sessions of physical therapy to date. A physical therapy to progress note dated 04/15/2014 shows significant functional improvement in the cervical spine over a three-week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Outpatient physical therapy to the cervical spine, 3 times 4 weeks, submitted diagnosis sprain/strain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

<https://www.acoempracguides.org/cervial> and thoracic spine; table 2, summary of recommendation, cervical and thoracic spine disorders.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Continued physical therapy is predicated upon demonstration of a functional improvement. Documentation is present in the form of a physical therapy progress note which shows good objective functional improvement in cervical range of motion. The request is medically necessary.