

Case Number:	CM14-0056601		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2013
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/25/2014

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 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:

The injured worker is a 56-year-old who reported an injury on August 14, 2013. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of sprain/strain of the cervical spine, sprain/strain of the lumbar spine, and sprained hip. The injured worker's past treatment consisted of physical therapy and medication therapy. An MRI of the cervical spine revealed multilevel degenerative disc change, short pedicles with posterior element hypertrophy and foraminal encroachment. No soft tissue change was evidence. The injured worker complained of cervical pain and headaches. The injured worker rated his pain at an 8/10. He stated that the pain was aggravated with head movement and radiated to the upper trapezius areas. He also stated that the pain occasionally interfered with his sleep. The physical examination dated April 1, 2014 of the cervicothoracic spine revealed that the injured worker was tender to C5-6 midline and paravertebral areas. Range of motion at the cervical spine revealed a flexion of 40 degrees, rotation to the right of 50 degrees, rotation to the left of 50 degrees, extension of 30 degrees, lateral flexion to the right of 30 degrees, and lateral flexion to the left of 30 degrees; all with moderate pain and tightness. The injured worker's deep tendon reflexes of the upper extremities were intact. The injured worker's medication was ibuprofen 600 mg 3 times a day. The duration was not submitted in the report. The treatment plan is for an additional 6 visits of physical therapy to the cervical spine. The rationale for the request is that conservative treatment was not helping with the injured worker's cervical pain. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy visits of the cervical spine, three times weekly for two weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The injured worker complained of cervical pain and headaches. The injured worker rated his pain at an 8/10. The Chronic Pain Medical Treatment Guidelines states that physical 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue 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 treatment is recommended with a maximum of nine to ten visits for myalgia and myositis and eight to ten visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted indicated that the injured worker had previous physical therapy. However, details regarding the injured worker's prior treatment, including number of visits completed and objective functional gains obtained, were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Therefore, despite the minimal evidence of current objective functional deficits in the cervical spine, due to the lack of documentation regarding previous physical therapy, the request is not supported. As such, the request for Additional physical therapy visits of the cervical spine, three times weekly for two weeks as an outpatient, is not medically necessary or appropriate.