

Case Number:	CM14-0058814		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2012
Decision Date:	08/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 54-year-old female who reported an injury on 07/12/2012 due to a slip and fall. On 04/22/2014, the injured worker presented with pain to the bilateral shoulders, lumbar spine, and cervical spine. She reported stiffness to the neck along with pain and numbness to the right arm and the right side of the body. Upon examination, there was tenderness to palpation of the cervical spine with spasm. The range of motion values for the cervical spine were 40 degrees flexion, 50 degrees of extension, 30 degrees of lateral flexion, 65 degrees of rotation, and numbness to the ulnar half of the right hand. The bilateral shoulders were tender on the anterior and over the AC joint with a positive Neer's and Hawkins test. There was tenderness and spasm over the lumbar spine region. The diagnoses were cervical spine and lumbar spine with right upper extremity radiculitis, bilateral shoulder signs and symptoms of impingement, and lumbar spine signs and symptoms with lower extremity radiculitis. Prior treatment included injections, medications, and physical therapy. The provider recommended physical therapy 2 times a week for 4 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents 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 2 X 4 In-House: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/ Functional Improvement. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG): Low Back- Lumbar & Thoracic (Acute & Chronic), Chapter Physical/ Occupational Therapy; ODG- Neck & Upper Back Chapter; ODG: Hip & Pelvis Chapter.

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

Decision rationale: The request for additional physical therapy 2x4 in-house is not medically necessary. The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home and there are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate the site that the physical therapy is intended for. As such, the request is not medically necessary.