

Case Number:	CM14-0059467		
Date Assigned:	07/09/2014	Date of Injury:	03/02/2006
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/30/2014

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 55-year-old female who reported an injury after she picked up a container that weighed 50 pounds and noticed pain in the neck and back on 03/02/2006. The clinical note dated 02/03/2014 indicated diagnoses of cervical disc disease and lumbar disc disease. The injured worker reported neck and low back pain that was chronic. On physical examination of the cervical spine, there was tenderness to palpation of the paracervical region with 10 degrees less of flexion and extension and 5 degrees less of lateral rotation and bending. The injured worker had a negative Spurling's sign bilaterally. The examination of the thoracolumbar spine revealed tenderness to palpation over the paralumbar to deep palpation with 10 degrees less of flexion and extension and 5 degrees less of lateral rotation and bending. Sensation was intact to light touch in all dermatomes in the bilateral upper extremities. The injured worker's treatment plan included a request for physical therapy. The injured worker's prior treatments included medication management and physical therapy. The provider submitted a request for physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Acupuncture Medical Treatment Guidelines and on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98. The Expert Reviewer's decision rationale: The request for Physical Therapy QTY: 8 is not medically necessary. The California MTUS 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." The guidelines note 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. The injured worker has had prior physical therapy; however, the efficacy of the prior therapy was not provided to warrant additional sessions. In addition, it was not indicated how many sessions of physical therapy the injured worker previously had. Moreover, the request did not indicate a timeframe or body part for the physical therapy. Therefore, the request for physical therapy is not medically necessary.