

Case Number:	CM14-0060212		
Date Assigned:	07/11/2014	Date of Injury:	10/30/2012
Decision Date:	09/11/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 52-year-old male who reported an injury on 10/30/2012. The mechanism of injury was noted to be hitting a door that was thought to be unlocked. His diagnoses was noted to be posterior cervical laminoplasty, myelopathy, carpal tunnel/double crush syndrome, thoracic myalgia, and lumbar discopathy with radiculitis. Prior treatment was noted to be physical therapy and medications. The injured worker had subjective complaints of neck pain rated 6/10 and occasional left shoulder pain rated 10/10 that was aggravated more when reaching overhead. The injured worker had lower back pain rated 6/10, aggravated more with prolonged sitting, standing, walking, or certain movements. The objective findings indicated tenderness to palpation over the paraspinal musculature. Muscle spasms were noted cervically over the paraspinal musculature. Examination of the lumbar spine noted muscle spasm present over the paraspinal musculature. Tenderness was also noted to palpation and decreased sensation in the median nerve distribution bilaterally. The treatment plan was for an MRI and EMG. Medications were noted to be Ultram. The provider's rationale was not indicated within the request. A request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy for lumbar / cervical spine - two times a week for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Physical Medicine, Passive Therapy.

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

Decision rationale: The request for continued physical therapy for lumbar/cervical spine, 2 times a week for 4 weeks, is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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 instructions. Injured workers are instructed and expected to continue therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines provide up to 10 visits over 8 weeks. The physical medicine guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The injured worker was noted to have completed 12 sessions of physical therapy. The request for 8 sessions is in excess of the number provided according to the guidelines. In addition, the documentation provided does not indicate objective findings functional limitations, and the guidelines recommend self-directed home physical medicine. Therefore, the request for continued physical therapy for lumbar/cervical spine, 2 times a week for 4 weeks, is not medically necessary.