

Case Number:	CM14-0077400		
Date Assigned:	07/18/2014	Date of Injury:	02/01/2011
Decision Date:	09/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 41-year-old male with a reported date of injury of 02/01/2011. The injury reportedly occurred when the injured worker fell about 4 feet off a loading dock. His diagnoses were noted to include cervical spine sprain/strain, cervical disc protrusions at C5-6, right lumbar radicular syndrome, and degenerative joint/degenerative disc disease of the lumbar spine with disc protrusions at L4-5 and L5-S1. His previous treatments were noted to include physical therapy and chiropractic treatment. The progress note dated 03/24/2014 revealed increased low back pain with increased activity. The injured worker ambulated with a non-antalgic gait and was able to heel to toe walk without difficulty. The physical examination of the cervical spine revealed tenderness to palpation of the lower paravertebral and trapezius muscles. The range of motion was diminished and there was increased pain with cervical extension. There were negative Spurling's, Adson's, and Wright's maneuvers. The range of motion to the cervical spine was noted to be flexion was to 40 degrees, right lateral bending was to 40 degrees, left lateral bending was to 45 degrees, right lateral rotation was to 60 degrees, left lateral rotation was to 50 degrees, and extension was to 30 degrees. The physical examination of the lumbar spine revealed mild right lower muscle spasms. There was tenderness to palpation in the upper, mid, and lower paravertebral muscles. The range of motion was noted to be flexion was to 20 degrees, right lateral bending was to 15 degrees, left lateral bending was to 20 degrees, right lateral rotation was to 15 degrees, left lateral rotation was to 20 degrees, and extension was to 15 degrees. There was increased pain with lumbar motion and the straight leg raising and rectus femoris stretch signs did not demonstrate any nerve irritability. The Request for Authorization form was not submitted within the medical records. The request was for 12 physical therapy visits for the cervical and lumbar spine between 05/15/2014 and 06/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the Cervical Lumbar Spine between 5/15/14 and 6/29/14:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for 12 physical therapy visits for the cervical and lumbar spine between 05/15/2014 and 06/29/2014 is not medically necessary. The injured worker has completed previous physical therapy sessions. The California MTUS Chronic Pain Medical Treatment Guidelines recommend 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. 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 functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions. There is a lack of documentation regarding a home exercise program and the request for 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the request is not medically necessary.