MAXIMUS Federal Services

Case Number:	CM14-0097063		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2008
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 & 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 45 year old female who was evaluated on 3/11/14 for follow-up of neck, low back, and knee pain. She was initially injured on 9/1/08 and continued to have intermittent neck pain with stiffness and moderate low back pain that radiated into the lower extremities. She did not have numbness or tingling in the lower limbs. Physical examination showed stiff range of motion of the cervical spine and diffuse paravertebral pain. Examination of the lumbar spine showed 60 degrees of flexion and 20 degrees of extension. Sensation was intact in the lower limbs. Recommendations included topical analgesic, epidural steroid injection with pain management, physical therapy 2x/week for 6 weeks and weight loss. Physical therapy evaluation dated 3/26/14 documented that Injury occurred when boxes of books fell on the injured worker's right shoulder, causing injury of neck/shoulder, and low back. Notes indicated that the injured worker had previously received physical therapy for a total of 24 visits as well as treatment with acupuncture. Injured worker received soft tissue and joint mobilization and home exercise program was established. Follow up clinic noted dated 6/24/14 indicated that the injured worker had been receiving physical therapy and that she had experienced increased right shoulder pain after therapy. Diagnoses included cervical and lumbar spine disc degeneration and lumbar spine myofascial sprain/strain. Plan included aquatic therapy 1x/week for 6 weeks and land based physical therapy 2 x weeks for 6 weeks. Utilization review dated 2/17/14 indicated that injured worker had been approved for physical therapy 2x/week for 6 weeks for neck and low back. Utilization review dated 6/16/14 denied physical therapy 2 x weeks for 6 weeks and approved follow-up appointment with pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice weekly for 6 weeks, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The injured worker is a 45 year old female who was initially injured on 9/1/08 and continued to have intermittent neck pain with stiffness and moderate low back pain. Physical Therapy evaluation dated 3/26/14 indicated that the injured worker had previously received Physical Therapy for a total of 24 visits as well as treatment with acupuncture. A utilization review dated 2/17/14 indicated that injured worker had been approved for physical therapy 2 x week for 6 weeks for neck and low back. The injured worker continues to have neck and low back and has received previous physical therapy per the documentation provided for review. There is no documentation regarding the progress (in terms of function, range of motion, and pain level) of the injured worker in terms of the physical therapy she has already received and why continuation of physical therapy as well as the addition of aquatic therapy is indicated. It is also documented that the injured worker has received physical therapy education in terms of performing an independent exercise program. Therefore, the request for physical therapy 2 x week for 6 weeks is not medically necessary.