

Case Number:	CM14-0098478		
Date Assigned:	07/28/2014	Date of Injury:	10/28/2009
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 64-year-old male who reported an injury on 10/28/2008. The mechanism of injury was not provided in the medical records. He is diagnosed with cervical spinal stenosis. His past treatments were not provided in the medical records. On 06/13/2014, the injured worker presented with complaints of neck pain, rated 6/10. His physical examination revealed a nonantalgic gait, moderate tenderness to the right cervical paraspinal muscles, full range of motion and normal motor strength at 5/5 in the bilateral upper extremities. His medications were noted to include Tylenol #3 and Robaxin. His treatment plan included medication refills and physical therapy. A rationale for the requested physical therapy and the request for authorization form were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for three (30 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy may be supported in the treatment of unspecified myalgia to promote functional gains. The clinical information submitted for review failed to provide evidence of significant functional deficits to warrant physical medicine treatment as the injured worker was noted to have normal range of motion and normal motor strength. In addition, a rationale for the requested physical therapy was not provided and the documentation failed to indicate whether the injured worker had previously been treated with physical therapy and whether he was able to obtain functional gains from that therapy. Further, clarification is needed regarding the request for physical therapy 2 times a week for 3 weeks with a quantity noted at 30 weeks. In summary, in the absence of significant functional deficits and details regarding previous physical therapy treatments since his 2008 injury, as well as clarification regarding the wording of the request, physical therapy is not supported. As such, the request is not medically necessary.