

Case Number:	CM14-0099741		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2005
Decision Date:	09/11/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 38-year-old male with a reported date of injury on 03/15/2005. The injury reportedly occurred when the injured worker was installing an electric motor, weighing approximately 150 pounds. His previous treatments were noted to include trigger point injections, epidural injections, physical therapy, traction, chiropractic treatment, acupuncture and medications. His diagnoses were noted to include lumbago and lower leg joint pain. The progress note dated 06/02/2014 revealed the injured worker complained of a burning sensation in his upper back and an ongoing pain in his lower back. The physical examination of the cervical spine revealed full range of motion. There was tenderness to palpation along the spinous processes and paravertebral muscles. The motor strength was intact. The lumbosacral spine had full active range of motion with some tenderness to palpation along the lower spinous processes and paravertebral muscles bilaterally with tenderness over the buttocks bilaterally. The motor strength appeared to be 5+/5 throughout the lumbar spine. The provider indicated the injured worker may benefit by getting into an active physical therapy program as to maximize flexibility, strength and endurance. The provider indicated the injured worker should learn not only stretching exercises, but more importantly he should learn strengthening and endurance exercises. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy to the thoracic spine to maximize flexibility, strength and endurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy- Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker has had previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic 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 to and expected to continue with 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 of physical therapy over 8 weeks. The injured worker has had previous physical therapy sessions, however, there was a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions. The provider indicated the injured worker had full range of motion to the cervical and lumbar spine, however, there was a lack of documentation regarding current measurable objective functional deficits to the thoracic spine. Additionally, the request failed to provide the number of sessions requested. Therefore, the request is not medically necessary.