

Case Number:	CM14-0196511		
Date Assigned:	12/04/2014	Date of Injury:	08/29/2014
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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:

This 37 year old male continues to complain of muscle spasm to the left trapezius and neck stemming from a work related injury reported on 8/29/14. Diagnosis include: lumbar sprain/strain; resolving trapezial muscle strain with spasm, left > right; and resolving acute cervical strain with muscular strain. Treatments have included consultations; diagnostic imaging studies; a home exercise program and TheraCane; and medication management; and a return to work with restrictions. Progress notes, dated 10/31/2014, noted the IW stating his low back was doing quite well, having only mild and intermittent discomfort; and improvement to his neck that was without numbness or tingling. Objective findings noted mild tenderness to the upper right paracervical region that was with good range of motion, and discomfort only at the extremes; good range of motion to the back that was without any tenderness; and a grossly intact neurological examination. Recommendation was for continuation of the home exercise program and return to full work duty status. On 11/14/2014, Utilization Review non-certified, for medical necessity, a request for physical therapy, 2 x a week for 3 weeks, for the cervical/lumbar spine. Rationale provided stated that there was no documented indication of an increase or exacerbation of symptoms to suggest the need for a course of PT versus continuation of his home exercise program. The IW was noted to have mild symptoms, to be improving and to be without any functional deficits. MTUS guideline recommendations for PT were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 3 Weeks for The Cervical/Lumbar Spine:
Overturned

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

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

Decision rationale: The patient presents with cervical and lumbar pain. The current request is for Physical Therapy 2 Times a Week for 3 Weeks for The Cervical/Lumbar Spine. The patient was injured on 8/29/14 and the initial examination from the treating physician was performed on 10/2/14. At that time the patient was prescribed Prednisone, Flexeril and Tramadol. The treating physician report dated 10/16/14 states, "He is referred to physical therapy." There is no documentation provided to indicate that Physical Therapy had been completed prior to this request. The MTUS guidelines indicate that PT is recommended at 8-10 sessions for myalgia and neuritis type conditions. In reviewing the documentation provided, the patient has not undergone previous PT. The MTUS guidelines recommend physical therapy for the treatment of pain in an effort to progress the patient to active therapies at home. The current request is medically necessary.