

Case Number:	CM15-0187577		
Date Assigned:	09/29/2015	Date of Injury:	01/12/2014
Decision Date:	11/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 54-year-old female with a date of industrial injury 1-12-2014. The medical records indicated the injured worker (IW) was treated for soft tissue trauma to the cervical spine and left shoulder, secondary to industrial injury. In the progress notes (3-25-15), the IW reported pain in the neck rated 6 to 8 out of 10 that has not changed. The pain interfered with activities of daily living including hair care, bathing and dressing and with standing, sitting, walking, reclining, climbing stairs, traveling and sleeping. The objective findings (3-25-15) included tenderness to the left paravertebral and left trapezius muscles. Range of motion of the cervical spine was: extension 10 degrees, forward flexion was slightly less than chin to chest, lateral flexion and rotation was 5 degrees bilaterally. Sensation was intact to the bilateral upper extremities. Medications included Tramadol, Naprosyn and Ibuprofen. Cervical spine x-rays (3-25-15) were read as "normal". The IW was temporarily totally disabled. Treatments included trigger point injections (not helpful) and previous physical therapy; the records did not indicate how many sessions or the outcome. A Request for Authorization was received for physiotherapy twice per week for three weeks for the cervical and lumbar spine. The Utilization Review on 8-24-15 modified the request for physiotherapy twice per week for three weeks for the cervical and lumbar spine to allow physiotherapy for the lumbar spine only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x3 cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.