

Case Number:	CM15-0200747		
Date Assigned:	10/15/2015	Date of Injury:	05/29/2015
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 60 year old male, who sustained an industrial injury on 05-29-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain or sprain, cervical myofascitis, cervical disc protrusions with bilateral nerve root compromise, and cervical spondylosis. Medical records (06-04-2015 to 09-11-2015) indicate improving neck pain. Pain levels were rated 5 out of 10 in severity on a visual analog scale (VAS) which was improved from 8 out of 10; however, the pain was noted to be increased with forward flexion, and associated with occasional pain radiating to the left forearm. Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-11-2015, revealed decreased sensation in the left upper extremity, decreased and painful range of motion (ROM) in the cervical spine, tenderness to palpation over the cervical paraspinal musculature with noted spasms, and pain with foraminal compression, shoulder depression (bilaterally), and Soto-Hall test. Relevant treatments have included: physical therapy (PT) with some reported improvement, work restrictions, and pain medications. The PR (09-11-2015) shows that the following therapy was requested: kinetic activities. The original utilization review (09-29-2015) non-certified the request for: kinetic activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinetic Activities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Kinetic Activities are not medically necessary per the MTUS Guidelines. The MTUS states that it is important to design a treatment plan that explains the purpose of each plan of treatment. The MTUS recommends up to 10 visits of therapy for this patient's condition and a transition to an independent home exercise program. The documentation is not clear whether kinetic activities is part of the patient's physical therapy. The request also does not specify a quantity of treatment. The request for kinetic activities is not medically necessary.