

Case Number:	CM15-0035033		
Date Assigned:	03/03/2015	Date of Injury:	01/21/2013
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: California, Arizona
 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:

The injured worker is a 53-year-old male who reported an injury on 01/21/2013. The mechanism of injury was not stated. The current diagnoses include cervicgia, joint derangement of the shoulder, internal derangement of the knee, and lumbago. The injured worker presented on 01/16/2015 for a follow-up evaluation regarding constant low back pain. The injured worker also reported radiating symptoms into the bilateral upper extremities with associated headaches. The injured worker reported low back pain, bilateral shoulder pain, and bilateral knee pain as well. Upon examination of the cervical spine, there was palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, and intact sensation. Examination of the lumbar spine also revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarding with restricted range of motion, negative instability, and intact sensation. Recommendations at that time included continuation of the current medication regimen and a course of physical therapy for the cervical and lumbar spine at a rate of twice per week for 4 weeks. The Request for Authorization form was then submitted on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4, Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck and Upper Back, Low Back.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it was noted that the injured worker received authorization for 12 sessions of physical therapy for the cervical and lumbar spine in 11/2014. It is unclear whether the injured worker completed the initially authorized course of physical therapy. Documentation of significant functional improvement was not provided. Given the above, additional treatment would not be supported. As such, the request is not medically appropriate at this time.