

Case Number:	CM13-0036541		
Date Assigned:	12/13/2013	Date of Injury:	12/01/2012
Decision Date:	02/13/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 57-year-old male who reported an injury on 12/01/2012. The mechanism of injury was a fall. Initial treatment included physical therapy of unknown duration and a course of steroids. An MRI of the cervical spine performed on 01/06/2013 (unofficial) reported mild canal stenosis at C4-5 with no cord impingement and spondyloarthropathy at C6-7, with no cord flattening but high grade, right greater than left, foraminal stenosis. He was also noted to have a congenital fusion anomaly at C5-6. The patient was scheduled for a cervical epidural steroid injection; however, it is unclear if it was ever received. The patient has tried several courses of physical therapy since his initial injury; however, he has been repeatedly discharged from therapy due to his limitations in performing exercises. The patient's current diagnoses according to the 10/07/2013 clinical note, include cervical radiculopathy, 723.4; deconditioning, 799.3; and sprain and strain of the lumbar spine, 847.2. The patient's current neck ranges of motion include flexion of 20 degrees, extension of 20 degrees, right lateral bending 15 degrees, left lateral bending 45 degrees, right rotation 30 degrees, and left rotation 30 degrees. Left shoulder range of motion is currently flexion of 180 degrees, abduction of 170 degrees, external rotation of 80 degrees, and internal rotation of 60 degrees. Lumbar spine range of motion is 60 degrees of flexion, 20 degrees of extension, right lateral bending of 25 degrees, left lateral bending of 25 degrees, right rotation of 30 degrees, and left rotation of 30 degrees. He currently has activity limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Medical Treatment Guidelines and Physical Medicine.

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

Decision rationale: The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia or myositis and neuralgia or neuritis, guidelines recommend 8 to 10 visits of physical therapy with an initial 6 visits to determine efficacy. Although the patient is reported to have severe deconditioning, there are numerous reports in the clinical notes stating that he has previously failed several attempts at therapy due to his physical limitations. He was subsequently discharged as he could not participate and therefore, therapy has not been beneficial for this individual. As such, the request for physical therapy for cervical/lumbar spine is non-certified.