

Case Number:	CM14-0118461		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2014
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Practice and is licensed to practice in Texas. 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:

The injured worker is a 31-year-old female who reported an injury after she fell on 04/04/2014. The clinical note dated 07/08/2014 indicated diagnoses of cervical sprain/strain and lumbar sprain/strain with radicular complaints. The injured worker reported she had been doing stretching and noticed that it helped with her level of pain. The injured worker reported that her neck pain was persistent and always feeling stiff. The injured worker reported she had 2 sessions of physical therapy prior, and noticed that this was helpful for the pain in her low back and neck. The injured worker reported she would benefit from additional physical therapy in order to develop a home exercise program and stretch strength in core, lower back, and neck. On physical examination of the cervical spine, there was tenderness to palpation about the paracervical and trapezius musculature with a positive cervical distraction test with muscle spasms and restricted range of motion due to complaints of pain. The injured worker had decreased sensation in the C5, C6, C8 dermatomes on the right. The examination of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms. There was decreased sensation throughout the right lower extremity. The injured worker's treatment plan included physical therapy and medications. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included ibuprofen and omeprazole. The provider submitted a request for physical therapy for the cervical and lumbar spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

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 4 weeks for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy two times a week for four weeks for cervical and lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability with decreased range of motion, decreased strength, or flexibility. In addition, there is lack of documentation of efficacy and functional improvement with the prior physical therapy the injured worker has completed. Therefore, the request for physical therapy two times a week for four weeks for cervical and lumbar spine is not medically necessary.