

Case Number:	CM14-0138256		
Date Assigned:	09/05/2014	Date of Injury:	07/27/1995
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/26/2014

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 Medicine and is licensed to practice in North Carolina. 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 patient is a 52-year-old with a reported date of injury of 07/27/1995 that occurred when the vehicle he was driving struck a tree when the brakes failed. The patient has the diagnoses of chronic cervical myofascial pain syndrome and headaches. Past treatment modalities have included TENS unit and physical therapy. Per the progress reports from the requesting physician dated 07/24/2014, the patient had complaints of neck pain and headache. Physical exam noted tenderness in the cervical spine with spasm with restriction in range of motion. Treatment recommendations included physical therapy to the affected area, continuation of medications and anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 to include electrical stimulation and exercise massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Massage Therapy.

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

Decision rationale: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short

term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)The request for physical therapy is for a reported flare-up of the patient's chronic cervical myofascial pain. There is no more documentation of this flare-up and no significant differences noted in the physical exam. In addition the California MTUS recommends 9-10 visits over an 8 week period to treat myalgia/myositis NOS. There is no indication in the provided documentation why the patient would need more physical therapy than the guidelines recommendations. For these reasons the request is not medically necessary.