

Case Number:	CM14-0149192		
Date Assigned:	09/18/2014	Date of Injury:	11/18/2009
Decision Date:	11/05/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine, 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 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:

Injured worker is a male with date of injury 11/18/2009. Per visit note dated 6/9/2014, the injured worker states he is doing the same without complaints of any new pain. He continues to work full duty as a bus driver. He states his neck and shoulder pain is mild depending on activity. Pain is aggravated by sitting. His medication has allowed him to have increased function around the house. His average pain is 2/10 and without medications is 5/10. On examination the cervical spine reveals straightening of the spine with loss or normal lordosis. No limitation in range of motion is noted. No pain is noted in all ranges of motion. The paravertebral muscles are tender on the left side. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes are equal and symmetric. No spinal process tenderness is noted. Motor examination and reflexes are normal except triceps and wrist flexor strength on the left is 4/5. There is left C7 hypoesthesia to pin prick. Diagnoses include 1) cervicgia 2) cervicobrachial syndrome 3) brachial neuritis or radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker is working full time without restrictions and has a home exercise program that includes 45 minutes of aerobic exercise daily. He is prescribed exercise to slowly increase his activity over the next few months. The physical therapy prescription is to help reinforce his home exercise program and exercises. This request is not consistent with the recommendations of the MTUS Guidelines. The request for 6 Sessions of Physical Therapy is determined to not be medically necessary.