

Case Number:	CM14-0162402		
Date Assigned:	10/07/2014	Date of Injury:	01/28/2013
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & 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 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 55-year-old female who reported an injury on 01/28/2013, due to a fall. On 09/16/2014, the injured worker presented with neck and low back pain. Upon examination, there was limited range of motion to the neck due to guarding from pain as well as the low back. There were localized trigger points and tenderness around the left side of the neck, and the left trapezius muscle, as well as the around the left rhomboid muscle. The low back was tender, with dullness to pinprick to the right leg in comparison to the left. The injured worker seemed hyper-reflexes in both upper and lower extremities, particularly in the bilateral knees and left arm. The diagnoses were not listed. The provider recommended physical therapy 12 sessions for the cervical, thoracic, and lumbar; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions for the Cervical, Thoracic and Lumbar: Upheld

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

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

Decision rationale: The request for physical therapy times 12 sessions for the cervical, thoracic, and lumbar is not medically necessary. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured worker is encouraged and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 10 visits of physical therapy, and the amount of physical therapy visits that have already been completed was not provided. Additionally, there was lack of documentation indicating the efficacy of the prior therapy. There are also significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request was for 12 sessions of physical therapy exceed the guideline recommendations. As such, medical necessity has not been established.