

Case Number:	CM14-0093910		
Date Assigned:	07/21/2014	Date of Injury:	02/01/2011
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 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 33-year-old male with a reported injury on 02/01/2011. The mechanism of injury was not provided. The injured worker's diagnoses consisted of sprain/strain of the anterior longitudinal ligament cervical and strain/sprains of the lumbar. The injured worker has had previous treatments of physical therapy at least since 12/2013. The number of sessions and the efficacy and functional improvement of those sessions was not provided. The injured worker had an examination on 04/29/2014 with complaints of his cervical spine and his shoulders. The objective findings of the examination only stated that there was a "decreased range of motion." There was a lack of evidence of functional deficits or functional examination to include motor strength or reflexes. The list of medications was not provided. The recommended plan of treatment was to continue physical therapy 2 times a week for 4 weeks for flare ups. The request for authorization was signed and dated 05/21/2014, however, a rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guideline. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.

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

Decision rationale: The request for continued physical therapy 2 x 4 is not medically necessary. The California MTUS Guidelines recommend active therapy 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. There was a lack of evidence and documentation regarding flexibility, strength, endurance, function, or range of motion deficits or improvement. There was a lack of pain assessment performed. There was not a VAS scale provided. Furthermore, the California MTUS Guidelines recommend that patients are instructed to and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and there was a lack of evidence that the injured worker was on a home exercise program or encouraged to continue one. Additionally, the request asks for 8 more sessions and it is unknown how many sessions the injured worker has had previously had and again there was a lack of documentation of functional improvement. The California MTUS Guidelines recommend up to 8 to 10 visits of physical therapy. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for the continued physical therapy 2 x 4 is not medically necessary.