MAXIMUS Federal Services

Case Number:	CM14-0218816		
Date Assigned:	01/08/2015	Date of Injury:	03/11/2009
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 03/11/2009. The mechanism of injury was not provided. On 11/18/2014, the injured worker presented with pain at the base of his neck, radiation into the shoulders. There was numbness and tingling in the bilateral hands and states he sustained a gunshot injury to his left arm shortly after his last evaluation. Medications included lisinopril and Nexium. Upon examination, the injured worker had a normal cervical thoracic posture with no evidence of deformity. Tenderness noted to the lower cervical area. Moderate pain at the extremes of motion. Radiographs were obtained of the cervical spine and revealedmoderate degenerative disc disease at the C5-6 and C6-7 level. The provider recommended physical therapy 2 times a week for 6 weeks for the cervical spine. There was no rationale 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 2xwk x 6 wks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Effective July 18, 2009. DEPARMENT OF INDUSTRIAL RELATION. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back

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

Decision rationale: The request for physical therapy 2xwk x 6 wks for the cervical spine is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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. The guidelines recommend 10 visits over 4 weeks. There was a lack of documentation indicating if the injured worker had previous participated in an active treatment program, and the efficacy of the treatments were not provided. Additionally, the provider?s request would exceed the guideline recommendations. There are no objective measurable deficits noted on physical exam to measure baseline values with the efficacy of the treatment being recommended. As such, medical necessity has not been established.