

Case Number:	CM13-0009620		
Date Assigned:	01/03/2014	Date of Injury:	04/30/2013
Decision Date:	03/11/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This 50 year-old female sustained an injury on 4/30/13 while employed by [REDACTED]. Request under consideration include 8 additional physical therapy sessions for the cervical spine 2 times a week for 4 weeks as an outpatient. Report of 7/24/13 from [REDACTED] noted patient returned for review of EMG/NCV. Current medications list Benzonatate, Gabapentin, Lunesta, Melatonin, and Naprosyn. The patient reported severe neck pain with exam findings of moderate to severe bilateral paracervical tenderness with guarding; 10 degree loss of range on lateral bending; bilateral wrists with positive Tinel's; lumbar spine with tenderness and spasms. Diagnoses include bilateral shoulders impingement with possible rotator cuff tears; cervical myofascial sprain/strain; degenerative disc disease thoracic spine; chondromalacia of bilateral knees; right knee lateral meniscus tear. Treatment plan included physical therapy to cervical and lumbar spine; wrist splints. The patient remained TTD. Request for PT to cervical spine was non-certified on 7/31/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This 50 year-old female sustained an injury on 4/30/13 while employed by [REDACTED]. Report of 7/24/13 from [REDACTED] noted patient returned for review of EMG/NCV. Current medications list Benzonatate, Gabapentin, Lunesta, Melatonin, and Naprosyn. The patient reported severe neck pain with exam findings of moderate to severe bilateral paracervical tenderness with guarding; 10 degree loss of range on lateral bending; bilateral wrists with positive Tinel's; lumbar spine with tenderness and spasms. Diagnoses include bilateral shoulders impingement with possible rotator cuff tears; cervical myofascial sprain/strain; degenerative disc disease thoracic spine; chondromalacia of bilateral knees; right knee lateral meniscus tear. Treatment plan included physical therapy to cervical and lumbar spine; wrist splints. The patient remained TTD. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and TTD work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute new injury and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 8 additional physical therapy sessions for the cervical spine 2 times a week for 4 weeks as an outpatient is not medically necessary and appropriate.