

Case Number:	CM13-0009859		
Date Assigned:	03/10/2014	Date of Injury:	04/14/2008
Decision Date:	04/30/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

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 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 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:

According to the records made available for review, this is a 59-year-old male with a 4/14/08 date of injury. At the time (6/25/13) of the request for authorization for physical therapy for the cervical spine, there is documentation of subjective (multiregional pain) and objective (muscle hypertonicity from the right suboccipital muscles down through the right cervical paraspinal muscles down to about the T3 level) findings, current diagnoses (cervicalgia with DDD, spondylosis and myofascial trigger points), and treatment to date (PT). The number of physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional deficits and functional goals. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy (PT)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG guidelines recommend a limited course of physical therapy for patients with a diagnosis of displacement of cervical intervertebral disc not to exceed 10 visits over 8 weeks. The ODG also note patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion and ongoing thoracic and lumbar pain. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of physical therapy sessions completed to date and, if the number of sessions completed to date exceeds guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional deficits and functional goals. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Finally, there is no documentation of a specified frequency and duration of the requested physical therapy. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the cervical spine is not medically necessary.