

Case Number:	CM13-0009975		
Date Assigned:	03/10/2014	Date of Injury:	03/08/2013
Decision Date:	04/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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 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 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 patient is a 54-year-old female with a 3/8/13 date of injury. Subjective complaints include neck and back pain that is constant and dull, rated 6/10; pain radiation to the bilateral upper limbs, and associated numbness and tingling in both hands. Objective findings include right knee anterior and medial side tenderness; cervical spine decreased range of motion, tenderness, and pain; thoracic spine decreased range of motion and pain; and lumbar spine decreased range of motion and pain. Current diagnoses include sprain or strain of cervical spine, strain of the thoracic region, sprain or strain of the lumbar region, and contusion of knee, and treatment to date has been medications, activity modification, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 3 WEEKS, FOR THE CERVICAL SPINE, LUMBAR SPINE, THORACIC SPINE, AND RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

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, and with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS identifies 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 Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of neck and upper back and low back sprain/strain not to exceed 10 visits over 8 weeks. In addition, the ODG recommends a limited course of physical therapy for patients with a diagnosis of knee-joint pain, not to exceed 9 visits over 8 weeks. The ODG also notes that 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. 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 sprain or strain of cervical spine, strain of the thoracic region, sprain or strain of the lumbar region, and contusion of knee. In addition, there is documentation of 3/6 authorized physical therapy visits completed. However, there is no documentation of functional benefit or improvement as a result of the 6 physical therapy visits previously certified. In addition, given that the requested number of physical therapy visits would exceed guideline recommendations when added to the previously certified visits, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy is not medically necessary.