MAXIMUS Federal Services

Case Number:	CM13-0011302		
Date Assigned:	09/20/2013	Date of Injury:	09/11/2012
Decision Date:	01/15/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/14/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 43-year-old male with a date of injury on 9/11/12. The progress report dated 6/14/13 by [redacted] noted that the patient complained of cervical and thoracic pain rated at 8-9/10. Exam findings included tenderness and guarding of the cervical and thoracic paraspinal muscles. The patient's diagnoses include: cervical spine herniated nucleus pulposus (HNP); thoracic spine HNP; left shoulder tendinitis; left wrist tendinitis; anxiety. The patient was referred for 8 physical therapy sessions. The functional status report dated 6/27/13 by [redacted] noted that the patient was making slow, steady progress and had made a 25% improvement. The progress report dated 7/12/13 noted that the patient reported increased pain from physical therapy. There was no significant change on physical exam, and a request was made for an additional 8 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 4 weeks for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: The progress report dated 7/12/13 noted that the patient reported increased pain from physical therapy and there was no significant change on physical exam, yet a request was made for an additional 8 PT visits. MTUS guidelines regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. For myalgia, myositis, and flare-ups, MTUS only allows for 8-10 sessions of therapy treatments at a time. The additional 8 PT visits requested combined with the recent 8 completed sessions exceeds the number of visits supported by MTUS. Therefore, recommendation is for denial.