

Case Number:	CM13-0019421		
Date Assigned:	03/05/2014	Date of Injury:	12/02/2005
Decision Date:	04/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 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:

This is a female patient with a date of injury of December 2, 2005. A utilization review determination dated August 20, 2013 recommends a modified approval of physical therapy 2X3. The initial request was for physical therapy 3X8 cervical and lumbar spine. Modified certification was due to lack of guideline support for 24 sessions at once. A progress report dated October 22, 2013 identifies the subjective complaints which include ongoing neck and low back pain since her work related injury. The note indicates that the patient has pain radiating into the shoulders. She has previously undergone a course of physical therapy "a little more than a year ago which gave her partial temporary relief of symptoms." The note indicates that the symptoms have now worsened and have become debilitating. Physical examination identifies normal sensory and motor exam with mildly diminished grip strength on the right compared to the left. Diagnosis includes cervical strain progressively worsening, previously responsive to a course of physical therapy. The treatment plan recommends physical therapy for progressive strengthening and range of motion exercises for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS 2X3 FOR TREATMENT OF THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has previously undergone. Additionally, it is unclear exactly what specific objective functional improvement was obtained from the previous physical therapy. Finally, the most recent progress report does not identify any specific objective deficits which are to be addressed with the currently requested physical therapy. In the absence of clarity regarding those issues, the currently requested physical therapy is not medically necessary.