

Case Number:	CM13-0032951		
Date Assigned:	12/06/2013	Date of Injury:	04/11/2013
Decision Date:	01/17/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Sports Medicine and is licensed to practice in New York and Texas. 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 patient is a 68-year-old female who reported an injury on 04/11/2013. The documentation submitted for review indicates that the mechanism of injury was noted to have been a pulling sensation to the neck and hip, while assisting a wheel-chaired patient off a bus via a ramp. Notes indicate that the patient has attended formal physical therapy, as well as undergone treatment with medications. Imaging studies were obtained of the patient's left hip, lumbar spine, and cervical spine, and the patient also underwent a whole body bone scan. The MRI of the left hip was largely unremarkable. MRI of the lumbar spine revealed a grade 1 anterolisthesis of L4 over L5 with a pars defect, and diffuse disc bulging of 2 mm at L5-S1, 2 to 3 mm disc/pseudo disc bulge at L4-5, a 2 mm diffuse disc bulge at L3-4, and a 2 to 3 mm disc bulge at L1-2. Fluid and facet joint hypertrophy was noted at multiple levels. MRI of the cervical spine noted mild left joint hypertrophy at C2-3, mild narrowing of the left neural foramen secondary to the facet and uncovertebral joint hypertrophy at C3-4, narrowing of the left neural foramen along the exit zone due to facet and uncovertebral joint hypertrophy at C4-5, and a 2 to 3 mm disc bulge at C5-6 with mild facet joint hypertrophy at C6-7. A whole body bone scan completed on 07/31/2013 noted mildly increased labeling in a symmetric fashion in the frontal aspect of the skull, and the paranasal structures, as well as periarticular structures of the knees and the tarsal structures of the feet. There were multiple areas of mild to moderately increased signal along the right lateral aspect of the spine, extending from approximately T5 through L1, which may have involved the costovertebral joints in these areas. There were additional abnormalities noted in the lumbar spine, predominantly at the right L5-S1, and additional abnormalities present in the inferior aspect of the left greater than right sacroiliac joints, with mild abnormalities pres

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) two (2) times a week for six (6) weeks for neck, back and left hip, left shoulder and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted for review indicates that the patient was seen on 09/18/2013 for a permanent and stationary report, which indicated that the patient was declared permanent and stationary. Regarding future medical treatment, it was indicated that the patient was only able to complete 6 of 12 prescribed physical therapy visits since the date of injury, more than 5 months prior. Notes indicate a recommendation of the requesting physician for the patient to have the opportunity to participate in an additional 12 sessions with physical therapy over the next 4 to 6 weeks, and for patient education purposes to then transition the patient into a long-term home exercise program. However, while the patient has completed 6 sessions of therapy thus far, the guidelines support the recommendation for 9 to 10 treatments for myalgia and myositis. The current request for an additional 12 sessions and for transition to a home exercise program would exceed the recommendation of the guidelines. Furthermore, given that the patient was previously approved for 12 initial sessions of therapy; however was only able to complete 6, an additional 12 sessions of physical therapy should not be considered prior to completion of the initially authorized 12 sessions. Given the above, the request for outpatient physical therapy (PT) 2 times a week for 6 weeks for neck, back, left hip, left shoulder, and left knee is not medically necessary and appropriate.