

Case Number:	CM13-0040979		
Date Assigned:	12/20/2013	Date of Injury:	04/09/2012
Decision Date:	02/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Rehab 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:

This female sustained an injury on 4/9/12 while employed by the [REDACTED]. Request under consideration include Continued Physical Therapy Twice for 4 Weeks. Per report of 9/12/13 from [REDACTED], the patient noted she has had some PT with improvement. She complained of persistent pain in the upper back with tingling and numbness into the BUE down to fingers. She is working full duty; however, neck pain persists. She receives medication from [REDACTED]. Current medications listed include Levocedezine kihydrochloride, Lisinopril-HCTZ, Sertraline, Motrin. Exam showed restricted/guarded cervical range of motion; diffuse nonspecific tenderness to palpation in paracervical musculature; Sensory and motor exam of upper extremities intact; Spurling's negative. X-rays show degenerative changes throughout cervical spine, anterior osteophytes with disc space narrowing. Electrodiagnostic testing on 6/28/13 showed mild bilateral carpal tunnel syndrome. Diagnosis included cervical spondylosis. Treatment noted the patient is making good progress with the initial course of physical therapy and for additional course 2x4. Request was non-certified on 10/15/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy Twice for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

Decision rationale: This female sustained an injury on 4/9/12 while employed by the [REDACTED]. Request under consideration include Continued Physical Therapy Twice for 4 Weeks. Per report of 9/12/13 from [REDACTED], the patient noted she has had some PT with improvement; however, there is no acute flare-up and she continues with persistent radiating pain symptoms with unchanged medications. Exam showed diffuse tenderness with restricted guarded range of the cervical spine; however, there is no neurological deficits identified as motor and sensory remain intact. Diagnosis included cervical spondylosis. Although she works full duty, there is no reported functional change from therapy treatment already rendered for this April 2012 injury. At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received enough therapy sessions recommended per the Guidelines to have transitioned to an independent HEP for this 2012 injury. The Continued Physical Therapy Twice for 4 Weeks is not medically necessary and appropriate.