

Case Number:	CM13-0041695		
Date Assigned:	12/20/2013	Date of Injury:	07/14/2012
Decision Date:	06/03/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 case involves a patient with a date of injury of 7/14/12. A utilization review determination dated 10/16/13, recommends modification from physical therapy times eight (8) sessions to four (4) sessions. A cervical traction unit was also certified. It noted that a request was made for the documentation of specific functional improvement with the eight (8) previous physical therapy sessions authorized on 2/12/13, but that documentation was not subsequently submitted. A "short repeat trial of PT" was authorized regardless. The 10/15/13 medical report identifies neck and left arm pain, with numbness and tingling into the thumb and index finger on the left hand. On exam, the Spurling's test is positive, with extension and rotation recreating pain down the left arm in the C6 nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS TWICE A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), WORK LOSS DATA INSTITUTE, TREATMENT IN WORKERS COMPENSATION, 8TH EDITION, 2011.

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

Decision rationale: The Chronic Pain Guidelines indicate that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of the completion of at least eight (8) prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and why any remaining functional deficits cannot be addressed within the context of an independent home exercise program. Furthermore, the guidelines support only up to ten (10) physical therapy sessions for this. In light of the above issues, the currently requested eight (8) physical therapy sessions twice a week for four (4) weeks are not medically necessary.