

Case Number:	CM13-0046598		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2012
Decision Date:	04/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 & 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 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 is a patient with a date of injury of July 24, 2012. A utilization review determination dated October 16, 2013 recommends noncertification of physical therapy 2X6 for cervical and lumbar spine. Noncertification is recommended since "the notes do not support additional visits in excess of the guidelines noted above." A progress report dated September 27, 2013 includes subjective complaints of pain affecting the lumbar spine. Objective examination findings identify cervical spine with limited range of motion, tenderness to palpation over the trapezius and paravertebral muscles, limited range of motion of the lumbar spine, and tenderness to palpation around the lumbar paraspinal muscles. Diagnoses include chronic cervical strain, chronic lumbar strain, and some psych issues. The treatment plan indicates that the patient responded well to physical therapy for the neck and low back with decreased pain, increase in function, and increase in range of motion. The note indicates that the patient continues to have functional limitation on examination. The patient was able to complete 9 of the physical therapy sessions instead of the 12 which were previously authorized. Therefore, additional physical therapy will be requested 2 times a week for 6 weeks for the cervical and lumbar spine. A progress report dated April 3, 2013 indicates that the patient underwent 12 sessions of physical therapy. The note indicates that the patient had "demonstrable improvement in her symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, the MTUS Guidelines recommend 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. The ODG guidelines recommend 10 visits over 8 weeks for the treatment of lumbar/cervical sprain/strain. Within the documentation available for review, it is unclear exactly how many therapy sessions the employee has already undergone. There is documentation of at least 21 sessions being provided thus far. There is no documentation of any specific objective functional improvement as a result of those therapy sessions. Additionally, there is no statement indicating why any remaining treatment goals would be unable to be addressed with an independent program of home exercise. Furthermore, the employee has already undergone therapy in excess of the number recommended by guidelines to treat the employee's condition. There is no statement indicating that there has been an intervening injury, or recent exacerbation with worsening of objective examination findings for which a short course of physical therapy may be indicated. Furthermore, the currently requested 12 sessions would exceed the number recommended for the short-term treatment of a flare-up. In the absence of clarity regarding the above issues, the currently requested additional physical therapy for the cervical and lumbar spine (12 sessions) is not medically necessary.