

Case Number:	CM13-0048124		
Date Assigned:	02/20/2014	Date of Injury:	06/18/2013
Decision Date:	04/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 female sustained an injury from a fall on 6/18/13 while. The patient had mild pain in the cervical and lumbar spine. Exam noted 5/5 motor strength; negative straight leg raising; negative Faber/ Patrick's tests. X-rays on 6/19/13 showed mild osteoarthritis at L5. The patient began treating with the provider and report 9/17/13 from provider's PA noted pain the cervical spine with axial loading; decreased sensation in C5-6; positive Phalen's and median nerve compression; pain in hip with IR and ER movements; positive shoulder apprehension test; low back with positive root test; decreased sensation in L5-S1. X-rays of cervical spine noted spondylosis at C3-6; lumbar spine showed erosion at L5-S1; segmental instability at L4-5. Request for physical therapy for 8 session for the cervical and lumbar spine was partially-certified on 10/23/13 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:

PHYSICAL THERAPY; 8 SESSIONS 2 TIMES 4 FOR THE CERVICAL SPINE AND LUMBAR SPINE: Upheld

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

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

Decision rationale: 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, clinical findings, and work status. 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 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received an unspecified quantity of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The requested physical therapy is not medically necessary and appropriate.