

Case Number:	CM13-0049125		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2011
Decision Date:	02/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 female patient with a date of injury of October 2, 2011. A utilization review determination date October 29, 2013 recommends noncertification of physical therapy twice a week for 4 weeks. A progress report dated September 10, 2013 indicates that the patient's mechanism of injury was a slip and fall. The note indicates that the patient received therapy and was given medications. Current complaints include headaches in the occipital region with no associated symptoms, neck pain radiating into both upper extremities, low back pain radiating into both lower extremities, and knee pain. Physical examination identifies slightly reduced cervical spine range of motion, tenderness to palpation around the lumbar spine with hypertonicity of the lumbar paravertebral muscles, reduced lumbar spine range of motion, positive straight leg raise bilaterally, and reduced knee range of motion. Diagnoses include cervical spine sprain/strain, lumbar disc protrusion, lumbar radiculopathy, idiopathic peripheral autonomic neuropathy, and unspecified disorder of the autonomic nervous system. Treatment plan recommends acupuncture for pain control, chiropractic manipulation, and physical therapy 2 times a week for 4 weeks to improve range of motion, increase strength, and increase flexibility of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Physical Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG 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. Within the documentation available for review, there is no indication as to how many sessions of physical therapy the patient has been provided previously. Additionally, there is no documentation of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary and appropriate.