

Case Number:	CM13-0052190		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2013
Decision Date:	06/05/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 63 year-old female sustained an injury on 4/2/13 after pushing a cashbox while employed by [REDACTED]. Request under consideration include physical therapy 3x/wk x 2wks, for her back. A report from 10/16/13 from the provider noted the patient with complaints of cervical spine moderate pain; lumbar spine moderate to severe pain with throbbing; aggravated by overhead work and prolonged sitting, walking, and standing. Exam showed cervical spine with spasm, tenderness of paraspinal muscles from C2-7; bilateral suboccipital and bilateral upper shoulder tenderness; limited range in all planes by pain; left C5-6 myotome weakness; lumbar spine with spasm; limited range of motion; positive Kemp's, SLR, Yeoman's; right Achilles reflex decreased. The patient's medication list includes Tramadol and Lipitor. Diagnoses include lumbar disc displacement with myelopathy; cervical disc herniation with myelopathy; thoracic disc displacement without myelopathy. Treatment plan included physical therapy. Request for PT was not medically necessary on 10/30/13 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 3XWK X2WKS BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: This 63 year-old female sustained an injury on 4/2/13 after pushing a cashbox while employed by [REDACTED]. Request under consideration include physical therapy 3x/wk x 2wks, for the back. Report of 10/16/13 from the provider noted the patient with complaints of cervical spine moderate pain; lumbar spine moderate to severe pain with throbbing; aggravated by overhead work and prolonged sitting, walking, and standing. The exam showed cervical spine with spasm, tenderness of paraspinal muscles from C2-7; bilateral suboccipital and bilateral upper shoulder tenderness; limited range in all planes by pain; left C5-6 myotome weakness; lumbar spine with spasm; limited range of motion; positive Kemp's, SLR, Yeoman's; right Achilles reflex decreased. Medication list Tramadol and Lipitor. Diagnoses include lumbar disc displacement with myelopathy; cervical disc herniation with myelopathy; thoracic disc displacement without myelopathy. Review indicated the patient has received at least 18 PT visits without demonstrated improvement. 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. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of April 2013. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The physical therapy 3x/wk x 2wks for the back is not medically necessary or appropriate.