

Case Number:	CM13-0052942		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2013
Decision Date:	03/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 5/16/13. A utilization review determination dated 11/11/13 recommends non-certification of additional PT 2 x 6. 6 PT sessions were noted to have been certified on 5/24/13. 11/19/13 orthopedic evaluation report notes 8/10 pain in the head, thoracic spine, and lumbar spine. Pain radiates to the legs with numbness and tingling into the feet. There is also cervical spine pain 8/10 that radiates to the right shoulder with numbness and tingling to the arm and hand. On exam, there is tenderness and decreased ROM. Motor strength is 4/5 in the quadriceps on the right and sensation is decreased at the L5 and S1 dermatomes on the right. Treatment plan included consultation with an OB/GYN or internist, lumbar spine MRI, EMG/NCS of the BLE, and 12 sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two(2) times a week for six(6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for additional physical therapy two (2) times a week for six (6) weeks, California MTUS cites 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 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. There is also no documentation as to why any remaining functional deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and there is no clear rationale for exceeding that recommendation in this case. In light of the above issues, the currently requested additional physical therapy two (2) times a week for six (6) weeks is not medically necessary.