

Case Number:	CM13-0057825		
Date Assigned:	12/30/2013	Date of Injury:	03/29/1995
Decision Date:	12/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery 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 is a 64-year-old female with a 3/29/95 date of injury, when she sustained injuries to the neck and left foot due to cumulative trauma. The patient underwent C5-C7 fusion in 03/2000, C4-C5 fusion in 12/2012 and 2 left foot surgeries. The patient received physical therapy for the neck and left foot as well as steroid injection to the neck. The patient was seen on 10/28/13 with complaints of ongoing neck and left foot pain. The patient also reported ongoing voice issues and chronic irritated throat since the cervical surgery. Exam findings revealed no change in the symptoms from the last visit. The diagnosis is status post cervical fusion, cervicalgia and left foot pain. Treatment to date includes 2 cervical fusions, 2 left foot surgeries, work restrictions, steroid injection and medications. An adverse determination was received on 11/15/13 for lack of change in the patient's objective findings and lack of thorough objective examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) a week for six (6) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preface Physical Therapy, Online Version

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

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However there is a lack of documentation indicating subjective and objective complaints within the lumbar spine area. In addition, there is no rationale with regards to the necessity for physical therapy treatment for the lumbar spine. Therefore, the request for Physical Therapy twice a week for six weeks for the lumbar spine is not medically necessary.