

Case Number:	CM13-0058513		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2003
Decision Date:	03/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 least at 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 7/29/03. A utilization review determination dated 10/24/13 recommends modification of PT 2 x 4 to PT x 6 sessions. 8/27/13 medical report identifies that the patient took a fall a couple of weeks prior and has increased pain, including pain down the right lower extremity that she never had before. Her activity levels have diminished and her pain level has gone up. On exam, there is diminished range of motion and tenderness, but straight leg raise test was negative and she is intact neurologically. She has a history of cervical spine surgery. The provider notes that it has been a year since she has had any PT and a short course was recommended given her recent exacerbation. He also recommended an increase in Norco and to have her go back on Zanaflex. The referral to an osteopathic physician was cancelled by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for the neck, (2) times per week for (4) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99..

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

Decision rationale: Regarding the request for outpatient physical therapy for the neck, (2) times per week for (4) weeks, California MTUS supports up to 10 PT sessions in the management of myalgia, myositis, radiculitis, etc. Within the documentation available for review, there is documentation that the patient was having an exacerbation of pain after a fall a couple of weeks prior to being seen by the provider. The provider notes that the patient has not had any PT for approximately a year and a short course of PT was recommended along with increasing the dose of pain medication and restarting the patient's use of a muscle relaxant. Given that the patient did have an exacerbation after a year without PT and the proposed 8 sessions are within the recommendations of the CA MTUS, the request for physical therapy is appropriate to help address the flare-up and progress the patient back into an independent home exercise program. In light of the above, the currently requested outpatient physical therapy for the neck, (2) times per week for (4) weeks is medically necessary.