

Case Number:	CM14-0000022		
Date Assigned:	01/10/2014	Date of Injury:	08/23/2008
Decision Date:	04/15/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 61 year-old female Medical Records Clerk sustained an injury on 8/23/08 while employed by [REDACTED]. Request under consideration include Physical Therapy Qty 12. The patient is s/p anterior cervical discectomy and fusions at C5-7 on 6/5/12; left-sided SI joint block on 4/10/13; and S1 Rhizotomy. AME supplemental noted the patient to be P&S on 6/4/13 with permanent restrictions and disability. Report of 11/13/13 from the provider noted the having undergone recent sacroiliac block/Rhizotomy with minimal improvement from the injection. She has ongoing pain regarding her neck and back. Exam showed diminished range in the neck and back with tenderness at L4-L5 and L5-S1 as well as left superior iliac crest. Diagnoses included s/p anterior cervical discectomy and fusion, C5-C7 with partial corpectomy; adjacent early disease at C4-5; and probable left-sided sacroilitis. Request for PT 2x6 was non-certified on 12/18/13 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 Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 61 year-old female Medical Records Clerk sustained an injury on 8/23/08 while employed by [REDACTED]. Request under consideration include Physical Therapy Qty 12. The patient is s/p anterior cervical discectomy and fusions at C5-7 on 6/5/12; left-sided SI joint block on 4/10/13; and S1 Rhizotomy. AME supplemental noted the patient to be P&S on 6/4/13 with permanent restrictions and disability. Report of 11/13/13 from the provider noted the having undergone recent sacroiliac block/Rhizotomy with minimal improvement from the injection. She has ongoing pain regarding her neck and back. 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings for this P&S patient with permanent restrictions and disability determined by AME. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Qty 12 is not medically necessary and appropriate.