

Case Number:	CM14-0001482		
Date Assigned:	01/22/2014	Date of Injury:	02/03/2010
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/04/2014

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 & 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 56 year-old female sustained an injury on 2/3/10 while employed by [REDACTED] when she grabbed onto a metal rail as she was falling. Request under consideration include Twelve (12) sessions of physical therapy for the cervical spine and lumbar spine between 12/19/2013 and 2/2/2014. Diagnoses include cervical disc bulges and musculoligamentous sprain; lumbar musculoligamentous sprain. Report of 11/13/13 from [REDACTED] noted patient with complaints of pain and discomfort of aching and stiffness rated at 8/10 in the cervical spine, right shoulder lumbar spine, and right knee with buckling; headaches; burning sensation in right hand. Exam of cervical spine showed TTP and decreased painful range of motion; right shoulder tender to palpation. Treatment included urine drug testing and PT for 12 visits for cervical and lumbar spine which was non-certified on 12/23/13 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:

Twelve (12) sessions of physical therapy for the cervical spine and lumbar spine between 12/19/2013 and 2/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: This 56 year-old female sustained an injury on 2/3/10 while employed by [REDACTED] when she grabbed onto a metal rail as she was falling. Request under consideration include Twelve (12) sessions of physical therapy for the cervical spine and lumbar spine between 12/19/2013 and 2/2/2014. Diagnoses include cervical disc bulges and musculoligamentous sprain; lumbar musculoligamentous sprain. Report of 11/13/13 from [REDACTED] noted patient with complaints of pain and discomfort of aching and stiffness rated at 8/10 in the cervical spine, right shoulder lumbar spine, and right knee with buckling; headaches; burning sensation in right hand. Exam of cervical spine showed TTP and decreased painful range of motion; right shoulder tender to palpation. Treatment included urine drug testing and PT for 12 visits for cervical and lumbar spine. Review indicates per nurse's clinical summary, the patient had PT visits from 3/29/13 to 4/22/13; she was certified 12 sessions of PT on 3/21/12 and 8 PT visits to right shoulder, cervical and lumbar spine on 4/2/13. No total number of therapy visits are provided nor any objective improvements been documented. 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, and work status. 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. It appears the employee has received at least 20 therapy sessions per reports and clinic notes without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury of February 2010. 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 Twelve (12) sessions of physical therapy for the cervical spine and lumbar spine between 12/19/2013 and 2/2/2014 is not medically necessary and appropriate.