

Case Number:	CM14-0004765		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2013
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Mississippi. 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:

The records indicate that this is a 57-year-old individual, who sustained a cervical, thoracic and lumbar spine injury in July, 2013. A request for twelve (12) sessions of prospective physical therapy had been made. The determination of this non-certification was completed in December, 2013, and indicated that the mechanism of injury was a fall injuring the head, left shoulder, left hip and thigh. The treatment to date was outlined. A compression fracture at T11 is also identified. In addition to the physical therapy, multiple visits of chiropractic care have also been completed. An orthopedic consultation completed in July, 2013 noted a superficial erythema and abrasion to the anterior aspect of the left thigh. No specific neurovascular defects are noted. Plain films of the femur, ankle and a knee MRI noted no fracture, dislocation or internal arrangement of the knee. Conservative care was outlined. The physical examination was a marked improvement over the previous orthopedic consultation completed on July 1, 2013. An orthopedic consultation was obtained in October and documents complaints of low back pain. The physical examination noted an antalgic gait pattern requiring use of a single point cane. A slight decrease in cervical spine range of motion is noted; however, the motor function sensory function in the bilateral upper extremities is within normal limits. The multiple films were reviewed, and showed no evidence of acute osseous abnormalities. The assessment showed headaches, cervical strain, spondylosis, a compression fracture T11 a lumbar strain. A repeat MRI lumbar spine was obtained in November, 2013, which noted a straightening of the lumbar spine secondary to spasm, degenerative disc disease and the dinner facet joint disease. No disc herniations were identified. An MRI of the left eye was noted to be unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PROSPECTIVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL, THORACIC AND LUMBAR SPINE, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS KS: Upheld

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 PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine is recommended. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. When noting the date of injury, the mechanism of injury, and the actual injury sustained, all that has been shown are superficial soft tissue lesions, with the exception of the T11 compression fracture tempered by the physical therapy and other modalities already completed. There is no clinical indication to complete additional prospective physical therapy for the cervical, thoracic or lumbar spine. The injuries noted are more than nine (9) months old and as per the published guidelines these should have completely resolved the better part of six (6) months ago. While noting there are ongoing complaints of pain, there is simply no objective data presented to suggest the need for additional physical therapy.