

Case Number:	CM14-0004803		
Date Assigned:	01/24/2014	Date of Injury:	08/11/2000
Decision Date:	09/11/2014	UR Denial Date:	01/07/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 presented for review indicate that this 66 year-old male was reportedly injured on 8/11/2000 as a result of an industrial injury. The mechanism of injury was not listed. The most recent progress note, dated 11/14/2013 indicates there are ongoing complaints of chronic neck, and upper back pain. The physical examination demonstrated thoracic spine: positive tenderness to palpation in the upper-midthoracic spine at T7. Pain radiates around the chest wall in the mid-sternal region from the thoracic spine. Cervical spine: positive tenderness to palpation along the cervical musculature especially at sub-occipital region and upper trapezius/scapula area. Limited range of motion. Decreased sensation along the lateral arms and forearms bilaterally. No recent diagnostic studies are available for review. Previous treatment includes cervical spine surgery, trigger point injections, cervical epidural steroid injection, and medications. A request was made for physical therapy of the cervical, thoracic, and lumbar, for 2 X a week for 6 weeks #12 and was not certified in the pre-authorization process on 1/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks for the Cervical/Thoracic/ Lumbar Spine:
Upheld

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

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of ten visits. The claimant has chronic complaints of neck and upper back pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent previous sessions of physical therapy in the past. After review of medical records provided as well as clinical guidelines I was unable to find documentation for the necessity of excessive visits. Guidelines recommend a maximum of 10 visits, the treating physician has requested 12 visits of physical therapy. Therefore, this request as stated is not considered medically necessary.