

Case Number:	CM14-0004846		
Date Assigned:	05/23/2014	Date of Injury:	05/30/1996
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 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:

This 62 year-old female sustained an injury on 5/30/1996, while employed by [REDACTED]. The request under consideration include twelve (12) additional physical therapy sessions for the cervical spine, two (2) times a week for six (6) weeks as an outpatient. The patient has a history of cervical spine fusion for this 1996 injury, and has received 308 physical therapy session to the spine. A report of 11/18/13 from the provider noted that the patient has retired from her job since 2002, and is receiving Social Security benefits. The patient continues with chronic intermittent neck pain radiating to the bilateral shoulders, without numbness or tingling. There is also shoulder pain rated at 5/10, with ice and medication providing temporary relief. An exam showed limited range of cervical spine in all planes; tenderness at bilateral trapezius and levator scapulae; positive Spurling's; motor strength of 5/5 throughout the upper extremity muscles; with normal sensation in all dermatomes and deep tendon reflexes (DTRs) 2+ symmetrically. The diagnoses included multilevel cervical disease status post surgeries and fusion; headaches; chronic right hip and buttock pain; and right shoulder rotator cuff syndrome status post arthroscopy. The request for additional physical therapy 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:

TWELVE (12) ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines ([https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: The submitted reports do not show clinical evidence of acute flare-up or specific physical limitations to support the need for physical therapy. 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. There are unchanged chronic symptom complaints and clinical findings. 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 nine to ten (9-10) visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has no physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The twelve (12) additional physical therapy sessions for the cervical spine, two (2) times a week for six (6) weeks as an outpatient is not medically necessary and appropriate.