

Case Number:	CM14-0005881		
Date Assigned:	02/07/2014	Date of Injury:	10/31/2001
Decision Date:	08/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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:

The patient is a 55-year-old female who has submitted a claim for spinal stenosis in the cervical region, associated with an industrial injury date of October 31, 2001. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of tightness at the base of the skull, with scapular pain on the left side. Physical examination showed tenderness. A MRI of the Cervical Spine, dated March 31, 2010, showed that there is no change with mild, multilevel, discogenic degenerative disease, creating only minimal amounts of central canal stenosis and variable degrees of neural foramina compromise. Treatment to date has included, medications and 15 sessions of physical therapy (PT). Utilization review from January 2, 2014, did not grant the request for six physical therapy sessions, because there was no documented functional deficit that would benefit from a course of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9 Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical therapy is a time-limited treatment plan, with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, patient had 15 sessions of Physical Therapy (PT) with documented functional improvements. However, it is unclear why transition into a self-directed home exercise program was not accomplished. In addition, the request did not specify the body part to be treated. The request is incomplete; therefore, the request for six physical therapy sessions is not medically necessary.