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| Case Number: | CM14-0006756 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 08/30/2011 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 is a 34-year-old female patient with a 8/30/11 date of injury (DOI). She slid on a recently waxed floor, felt back on buttocks and hands. A 8/31/11 progress report indicated that she felt sore in the neck and neck. left leg had tingling. She was able to walk. The objective findings demonstrated vertebral tenderness at T12-L5. Traps tender with palp spasm neck extension 15 degrees, due to pain, flexion 60 degrees. The treatment included Naprosyn, Soma, probably physical therapy for 3 visits. A 11/7/13 progress report indicated that the patient had constant pain in the neck, mainly in the left side and ongoing headache due to her neck pain. She also complained of left shoulder constant pain; changing from dull to sharp. Shoulder movements were restricted. There was also constant pain in the lower back, stiffness, and pain in the left hip. There was numbness in the left leg and foot after sitting 30 min. The objective findings demonstrated tenderness over the base of the occipital region at C5-6 and C6-7, left upper trapezius, levator scapulae and rhomboids. There was pain with flexion, extension, right and left rotation. There was tenderness at the bilateral L5-S1, bilateral L3-4 and L4-5, and right sciatic notch. There was pain with flexion and extension. She was diagnosed with cervical spine sprain/strain, right and left shoulder sprain/strain, lumbar sprain/strain. She had two chiropractic adjustment and massage, which was reportedly very helpful. At that time, she was not on any medication. The patient was capable of work in modified capacity effective 10/30/2013. 12/4/13 progress report indicated that there was no significant change in condition, such as improved range of motion, or increase functional capacity. There is documentation of a previous 1/6/14 adverse determination, based on the fact that there was no documentaion to support the necessity of additional physical therapy long past the DOI.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 VISITS FOR THE CERVICAL AND LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: The CA MTUS stresses the importance of 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 is paramount. The physical medicine guidelines allow for fading of treatment frequency. The patient presented with constant pain in the neck, shoulders and lower back. Her recent progress reports indicated that the patient was not prescribed any medication and had several chiropractic adjustments and massage. She reported that those were helpful. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the proposed number of visits in addition to the number of visits already completed would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Therefore, the request for PT 2 times a week for 4 weeks for the cervical and lumbar spine was not medically necessary.