

Case Number:	CM14-0007571		
Date Assigned:	03/03/2014	Date of Injury:	09/10/2009
Decision Date:	07/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine, 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 61-year-old female who has submitted a claim for central sensitization and full body pain along with cervical radicular pain and cervical spinal stenosis, associated with an industrial injury date of September 10, 2009. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/07/2014, showed central sensitization, full body pain along with cervical radicular pain and cervical spinal stenosis. The full body pain score was 8 out of 10, described as sharp and stabbing with some areas on fire and burning with achy and dull areas in the other body parts which included her shoulder, neck, knee and feet as well as a new-onset rib pain. Her pain has been ongoing, worse with cold weather, better with nothing. Physical examination revealed limited range of motion for the cervical spine. There was noted tenderness to palpation along the entire length of cervical spine and spinous processes and paraspinal muscles bilaterally. Treatment to date has included acupuncture therapy, 2 sessions of physical therapy and medications. The patient was a candidate for consideration of left CMC joint fusion and left first MTP joint arthroplasty. Utilization review from 12/20/2013 modified the request for physical therapy 3x6 sessions for lumbar spine, cervical spine, and left foot/ankle to physical therapy 2 sessions for lumbar spine, cervical spine, and left foot/ankle because the claimant was allowed 10 PT visits over an 8 week period for a lumbar disc disorder with myelopathy. The claimant has exceeded this recommendation and at this time was expected to be fully engaged in a self-directed HEP; however, in order to facilitate recovery from this flare-up 2 sessions of PT were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X6 LUMBAR SPINE, CERVICAL SPINE, LEFT FOOT/ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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. In this case, a progress report, dated 02/07/2014, cited the patient had 2 sessions of physical therapy. However, there is no clear documentation of functional improvement derived from the previous sessions. The medical necessity was not established at this time. Therefore, the request for physical therapy 3x6 sessions for lumbar spine, cervical spine, and left foot/ankle is not medically necessary.