

Case Number:	CM14-0008139		
Date Assigned:	02/12/2014	Date of Injury:	03/19/2006
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 3/19/06. A utilization review determination dated 1/2/14 recommends non-certification of PT and a cervical pillow. It references a 12/10/13 medical report identifying completion of 6 PT sessions with benefit for low back and bilateral knee. The patient takes Vicodin, Anaprox, Protonix, and Robaxin, with pain decreased from 8/10 to 3/10 and increased walking ability with medication use. On exam, the patient uses a walker, there was lumbar tenderness, positive SLR bilaterally, and positive Yeoman's on the right. The recommendation was to continue the previously authorized 4 PT sessions, continued use of the medications with the exception of Anaprox due to heartburn, and a cervical pillow. The utilization review report noted that 10 PT sessions were authorized on 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 PHYSICAL THERAPY VISITS: Upheld

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

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

Decision rationale: Regarding the request for 4 physical therapy visits, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury, and it is noted that 10 sessions were authorized recent to the current request, with 4 remaining authorized visits apparently pending at that time. In light of the above issues, the currently requested 4 physical therapy visits are not medically necessary.

1 CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow.

Decision rationale: Regarding the request for 1 cervical pillow, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program. In the absence of such documentation, the currently requested 1 cervical pillow is not medically necessary.