

Case Number:	CM14-0009213		
Date Assigned:	02/14/2014	Date of Injury:	10/23/2012
Decision Date:	09/22/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female with a 10/23/12 date of injury. The mechanism of injury occurred when the patient was talking on the phone, the patient leaned back, and the entire chair fell over. According to a handwritten progress report dated 1/23/14, the patient stated that his symptoms are beginning to improve after 7 of 8 physical therapy sessions. She had constant neck pain that is moderate to severe with restricted motion. Objective findings: tenderness of cervical paraspinals/trapezius with guarding/spasms, tender lumbar paraspinals, limited ROM of lumbar spine. Diagnostic impression: status post anterior disc replacement C5-6 level, performed 6/19/12; microfracture of the top of the C6 vertebral body; lumbar musculoligamentous sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 1/10/14 modified the request for 12 sessions of physical therapy to 8 sessions of physical therapy. Guidelines recommend 8-10 sessions of physical therapy for myalgias and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits, 3x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches 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 Official Disability Guidelines (ODG) Low Back Chapter, Neck and Upper Back Chapter.

Decision rationale: 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG guidelines support up to 10 physical therapy visits over 8 weeks for lumbar and cervical sprains and strains. The patient has already completed 7 of 8 sessions, and an additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of objective functional improvement or pain reduction from the completed sessions. Furthermore, additional treatment cannot be approved until the patient has completed his full course of authorized treatment. Therefore, the request for Physical therapy 12 visits, 3x4 weeks was not medically necessary.