MAXIMUS Federal Services

Case Number:	CM14-0009230		
Date Assigned:	02/14/2014	Date of Injury:	02/18/2005
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with date of injury 02/18/2005. Per treating physician's report 12/06/2013, this patient continues to complain of increased neck pain, bilateral upper extremity heaviness, difficulty sleeping due to pain. Listed diagnoses are: Status post L4-L5, L6-L7 anterior fusion/decompression; Stenosis C3 to T1, and; Status post right transaxillary 1st rib resection and scalenectomy, 2008. Under Treatment discussion, this handwritten report states, "No response to request for PT additional." There was a DC request for gym membership. Follow up in 4 weeks. Review of the report showed numerous therapy reports in 2013 through January, February, March, April, May, June, and all the way up to September and October.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE; 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Review of the reports show that this patient has had extensive physical therapy in year 2013. Per 10/02/2013 therapy report, the visit number is 4, still has 8/10 pain.

The patient has difficulty sleeping, reports symptoms increase with driving. Under Assessment, the therapist notes that the patient is progressing in activity, tolerance with increased sets during aquatic therapy exercises, requires moderate "VCs" for the scapular retraction and trunk posture during therapy exercise, and decreased loading stress. The patient is responding well to pain management with pain reduced to 5/10, increasing tolerance to sitting. MTUS guidelines support 9-10 sessions for myalgia/myositis, neuritis and neuralgia, the kind of condition that this patient is suffering from. This patient has already had extensive physical therapy throughout 2013. The treating physician would like the patient to continue but does not provide any rationale as to why physical therapy needs to be continued indefinitely. Review of the reports show that this patient had some therapy in each of the months for the entire year 2013. The patient continues to report high level of pain, high level of functional limitations. The patient needs to continue home exercise program for self management of pain. MTUS does not support ongoing physical therapy but limits it to 8 to 10 sessions for the kind of condition this patient is suffering from. Therefore, the request as written is not medically necessary.