MAXIMUS Federal Services

Case Number:	CM14-0101524		
Date Assigned:	09/16/2014	Date of Injury:	04/08/2013
Decision Date:	11/06/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 36 year old female with a date of injury of April 8, 2013. She was involved in a motor vehicle accident and developed neck pain, bilateral knee pain, mid and lower back pain. Her most recent well-documented physical exam comes from January 29, 2014. Tenderness to palpation was revealed to the trapezius musculature but there was normal cervical range of motion and the upper extremity neurologic exam was normal. There was tenderness to palpation of the lumbar spine and a positive straight leg raise test 60 bilaterally. Range of motion of both knees was minimally restricted and testing for ligament tears and joint instability was negative. The diagnosis at that time was cervical spine strain/sprain with disc herniation at C5-C6, contusions of both knees with chondromalacia patella, lumbar spine strain/sprain and L5-S1 disc herniation. The orthopedic report from this day states that physical therapy was done following the original date of injury although specifics are not provided. On 5-21-2014 the injured worker was complaining of 7/10 pain. X-rays of the lumbar spine revealed had loss of normal lumbar lordosis. No physical exam is documented. The note concludes with a request for physical therapy three times a week for four weeks for the lumbar in cervical spine. It is noted that there is no physical exam with regard to either the cervical or lumbar spine or the subjective portion of the note does not indicate pain in cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 cervical spine & lumbar spine: Upheld

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

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

Decision rationale: Per the Official Disability Guidelines, There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this instance, the necessity for physical therapy for the cervical spine was not established from the 5-21-2014 visit as there was no mention of pain there and no corresponding physical exam. Additionally, the injured worker appears to have had physical therapy following her original date of injury. There is typically a reassessment after six physical therapy visits to establish if more physical therapy is necessary. No physical therapy notes are enclosed for review. Therefore, physical therapy x12 cervical spine & lumbar spine is not medically necessary based on the information provided for review and in consideration of the referenced guidelines.