

Case Number:	CM14-0104248		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2013
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 37 year old female with a work injury dated 11/13/13. The diagnoses include cervical and lumbar disc degeneration. Under consideration is a request for additional physical therapy (PT) sessions, 2 times a week times 4 weeks. Primary treating physician report dated 6/30/14 states the patient reports she completed the pain management counseling sessions and found them very helpful. She learned non-medical pain coping skills. She also completed the 3 PT sessions that were authorized. On exam of the cervical spine there is no cervical lordosis, asymmetry or abnormal curvature noted. There is moderate tenderness to palpation of the upper paracervical muscles, right greater than left. Also noted is moderate tenderness on the bilateral mid to medial trapezius muscles. Spurling's maneuver causes pain in the neck musculature but no radicular symptoms bilaterally. On palpation of the lumbar spine paravertebral muscles, spasm, tenderness, tight muscle band and trigger point with a twitch response and radiating pain is noted on bilaterally. Lumbar facet loading is positive and there is tenderness noted over the posterior iliac spine on both the sides. The treatment plan includes additional physical therapy (PT) sessions, 2 times a week times 4 weeks. The document further states that the patient has received 11 sessions of therapy from one PT facility which did not help her much. She states that they were focusing on the lower back. She has not received much for the neck except stretch band. However she made improvement with 3 sessions at a different facility where she had PT and was taught proper posture, Home Exercises and stretching which helped her pain and her range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy session, 2 times a week times 4 weeks: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for the patient's conditions. The additional 8 therapy sessions in conjunction with what the patient has already received would exceed guideline recommendations. The patient should be well versed in a home exercise program. There are no extenuating circumstances that would require an additional 8 supervised therapy sessions from the documentation submitted. Therefore the request for additional physical therapy sessions, 2 times a week times 4 weeks is not medically necessary.