

Case Number:	CM14-0107875		
Date Assigned:	09/16/2014	Date of Injury:	10/17/2011
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Medicine 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:

The injured worker is a 51 years old female injured on October 17, 2011. The injured worker was coming out of a parking lot and her vehicle was struck on the driver's side by a big delivery truck. Clinical report by the primary treating physician, dated August 14, 2014, notes previous physical therapy helped to reduce pain, increase range of motion, increase functional capacity, facilitate activities of daily living, and help reduce need for oral pain mediation use. The injured worker has recently experienced an flare up of neck and lower back pain. Physical exam by the primary treating physician, dated June 9, 2014, revealed spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine and lumbar spine, along with decreased range of motion. The injured worker is diagnosed with cervical radiculopathy and lumbosacral radiculopathy. The primary treating physician would like for the injured worker to undergo 12 sessions of physical therapy to cure and relieve the effects of the industrial injury. Clinical note, dated February 17, 2014, indicates as of August 2013, the injured worker completed 18 of the 21 authorized sessions of physical therapy for the lower back, neck, and shoulders. No notes from previous physical therapy visits were provided in the records. Subjective data regarding previous physical therapy was not noted. Treatments have included manual therapy, heat/ice therapy, medications and electrical stimulation. The previous utilization review denied request, 97110 Physical Therapy to Cervical Spine and Lumbar Spine Quantity, 12, on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Cervical Spine and Lumbar Spine, Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 48.

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders of cervical/lumbar spine without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has already received 18 PT visits; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.