

Case Number:	CM14-0011098		
Date Assigned:	02/21/2014	Date of Injury:	05/29/2007
Decision Date:	07/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 patient is a 55-year-old female who has submitted a claim for cervical radiculopathy, bilateral shoulder strain, right tennis elbow, clinical right carpal tunnel syndrome, lumbar radiculopathy and anxiety associated with an industrial injury date of May 29, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic neck and low back pain that radiates down to her left hip and lower extremity. Physical examination revealed cervical paraspinal muscle tenderness and spasm with limitation in range of motion. Motor strength and sensory examination were within normal limits. Grip strength was reduced in bilateral hands. Sensation was reduced in the bilateral median nerve distribution. Tinel's and Phalen's tests were positive. Bilateral elbow tenderness was noted. Anterior shoulders were tender with decreased flexion and abduction. Straight leg raise test was positive on the left. Treatment to date has included medications, steroid injections, acupuncture, psychotherapy, and physical therapy. Utilization review from January 23, 2014 denied the request for physical therapy 3 times a week for 4 weeks for the neck and lower back because the claimant has completed rehabilitation and the documentation did not identify specific musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program to support the medical necessity for additional supervised rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3 X 4 NECK AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy; Low Back, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for strains and sprains of the neck, intervertebral disc disorder with myelopathy and lumbar sprain/strain. In this case, the patient has completed 10 PT sessions in 2009, 7 PT sessions in 2008 and an unknown number of PT sessions completed between December 2013 and January 2014. It is therefore expected that the patient has received more than an adequate number of supervised PT sessions for her condition. Medical records show that her neck and low back pain are chronic in nature and no evidence of flare-up was documented in the most recent progress report. Furthermore, the present request would exceed the number of PT sessions recommended by the guidelines for her condition. Therefore, the request for Physical Therapy 3 times 4 for the neck and low back is not medically necessary.