

Case Number:	CM14-0012143		
Date Assigned:	02/21/2014	Date of Injury:	05/03/2006
Decision Date:	07/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 is a 58-year-old male with a date of injury of 5/3/06. He is a retired law enforcement officer who is now retired. The mechanism of injury was not noted. On 1/6/14, he had neck and low back pain 2/10 with meds, 4/10 without meds with improvement since the last visit. He stated physical therapy was very beneficial and had decreased pain without the use of pain meds, and requesting additional PT sessions for the neck area. On physical exam he was noted to be in slight distress, normal gait, cervical spine vertebral tenderness, C4-7. His range of motion was moderately limited due to pain. He completed 4 weeks of physical therapy with improved pain control and functional improvement. The diagnostic impression is cervical and lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis. Treatment to date: physical therapy, medication management. A UR decision dated 1/23/14, denied the request for 8 sessions of physical therapy. The patient has had 7 sessions of physical therapy to date. The request as submitted, was modified to allow for 4 additional sessions of physical therapy to transition the patient to a home exercise program. The patient has already exceeded guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QUANTITY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Physical Therapy Guidelines.

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The ODG Neck Chapter supports 10 - 12 visits over 8 weeks for cervical intervertebral disc degeneration. The patient has had 7 sessions of physical therapy to date and the request as submitted, was modified to 4 sessions of physical therapy to allow for the patient to transition to a home exercise program. The request as submitted will exceed the recommended guidelines for physical therapy for cervical intervertebral disc degeneration. Therefore, the request for Physical Therapy Quantity: 8, was not medically necessary.