

Case Number:	CM14-0015932		
Date Assigned:	06/04/2014	Date of Injury:	03/29/2012
Decision Date:	07/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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, 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 59-year-old Real Estate Tax Appraiser sustained an injury on March 29, 2012 from fainting and falling down stairs while carrying a box while employed by [REDACTED]. Request(s) under consideration include physical therapy, eight visits, for the cervical, lumbar spine, and right hip. Diagnoses was Carpal Tunnel Syndrome; Shoulder joint derangement; and lumbar intervertebral disc displacement without myelopathy. MRI of the cervical spine dated March 25, 2012 showed degenerative changes from C2-C6; and in Lumbar spine with degenerative changes from L2-S1 without evidence of significant canal or neural foraminal stenosis. The patient has completed at least 24 therapy visits and per AME report of November 9, 2012, showed no improvement from trial of chiropractic care and has exhausted extensive conservative care with significant residual disability, recommending modified duty. Report of January 13, 2014 from the provider noted the patient with ongoing chronic pain complaints in the neck, low back, and right hip. Exam showed chronic spasm in the right levator scapular and upper trapezius muscles and in the lumbar paravertebral muscles. The patient continued to work in modified capacity. Request(s) for physical therapy, eight visits, for the cervical, lumbar spine, and right hip was non-certified on January 17, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical, lumbar spine, and right hip, eight sessions: Upheld

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

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

Decision rationale: Physical therapy (PT) is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM (range of motion), strength, and functional capacity. The Chronic Pain Guidelines allow for nine to ten visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2012. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The request for physical therapy for the cervical, lumbar spine, and right hip, eight sessions, is not medically necessary and appropriate.