

Case Number:	CM14-0017338		
Date Assigned:	04/14/2014	Date of Injury:	09/12/2010
Decision Date:	06/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/11/2014

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 Occupational 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 patient is a 55-year-old female, who worked as a customer service/electronic sales person. The date of Injury was September 12, 2010 when she sat on a stool and collapse. The injury to the right shoulder, cervical spine, and lumbar spine were noted. She submitted a request for outpatient supervised physical therapy 16 visit, 2 times a week for 8 weeks to the lumbar spine. The treatment to date includes: non-steroidal anti-inflammatory drugs (NSAIDs), opioids, physical therapy, and chiropractic sessions. The utilization review (UR) from December 17, 2013 revealed non-certification of outpatient physical therapy, sixteen sessions at two times per week over eight weeks for the lumbar spine. The UR indicated that: physical therapy is not an effective approach to chronic pain, and, that the patient had previous exposure to physical therapy to the lumbar spine. The patient should have knowledge of home exercise programs because of her previous exposure to physical therapy. The progress notes from 2013 revealed that the patient experienced acute flare-ups of neck and back pain aggravated by usual activities. She described an increase with her activities of daily living and sleep with medication usage, and a decrease when her medication supplies were exhausted. The progress notes from 2014 showed that the patient was certified to undergo physical therapy to the lumbar spine for 6 sessions last January 13 to February 28, 2014. However, no reports of patient: compliance, functional gains, and functional benefits were documented. Most recent progress notes from February 14, 2014 showed persistence of the patient's symptoms. Physical examination revealed: mild muscular spasms with guarding in the paracervical musculature; cervical spine range of motion was found to be slow and guarded with mild pain elicited at the extreme ranges; localized tenderness at the C1-C2 level. Lumbar range of motion: sacral base angle-40 degrees; flexion-40 degrees; extension-18 degrees; lateral bending, left-15 degrees; lateral bending, right-16 degrees.

However, the patient seemed to be lost to follow-up. The current status of the patient is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SUPERVISED PHYSICAL THERAPY (16) VISITS, (2) TIMES A WEEK FOR (8) WEEKS TO THE LUMBAR SPINE: Upheld

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

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient was noted to have 6 sessions of physical therapy to the lumbar spine to improve the decreased range of motion and decrease chronic pain. However, documentation regarding the patient's response to physical therapy was lacking; there were no reports of functional gains such as increased ability to perform activities of daily living. Therefore, the request for outpatient supervised physical therapy is not medically necessary.