

Case Number:	CM14-0017645		
Date Assigned:	04/16/2014	Date of Injury:	08/22/2012
Decision Date:	07/23/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 male who has submitted a claim for sprains of the neck, back and bilateral shoulder symptoms associated with an industrial injury date of 08/22/2012. Medical records from 08/27/2013 to 02/12/2014 were reviewed and showed that the patient complained of neck pain radiating to the left upper extremity, bilateral shoulder pain, and low back pain radiating to the left leg. Physical examination revealed cervical and lumbar paraspinal musculature tenderness and upper trapezius muscle, supraspinatus tendon, and acromioclavicular joint tenderness. Axial compression and Spurling's test were positive. Straight Leg Raise (SLR) test was positive on the left with paresthesia extending to the left foot. Cross Arm test was positive bilaterally. MRI of the cervical spine done January 16, 2013 revealed right foraminal stenosis at C2-3 as well as diffuse disc bulging with bilateral foraminal stenosis, central canal stenosis, and uncinated process hypertrophy at the C5-6 and C6-7 levels. MRI of the lumbar spine done 01/16/2013 revealed moderate spondylosis from L3 through S1 with moderate bilateral foraminal stenosis, moderate central canal stenosis at L3-4 and L4-5, with a three-millimeter central subligamentous disc at L4-5. Treatment to date has included at least 6 sessions of physical therapy, chiropractic treatment, and home exercise program. Utilization review, dated 02/05/2014, denied the request for eight visits of physical therapy at two times a week for four weeks to the neck, bilateral shoulders, and back because the exact number of physical therapy visits was not available and there was no objective evidence of significant improvement with physical therapy. The sessions received should have allowed time to receive appropriate exercise training for all areas without evidence of an objective receipt of functional benefit from past therapy. Guidelines would only support continued home exercises and would not support additional formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS, 2 X PER WEEK FOR 4 WEEKS ON THE CERVICAL SPINE, LUMBAR SPINE AND BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Physical medicine 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. In this case, there was no exact number of the amount of physical therapy visits or documentation of significant improvement. Additional therapy is not warranted due to insufficient information. Therefore, the request is not medically necessary.