

Case Number:	CM14-0018209		
Date Assigned:	04/21/2014	Date of Injury:	01/04/2010
Decision Date:	07/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 60-year-old with a date of injury of 01/04/10. A progress report associated with the request for services, dated 12/17/13, identified subjective complaints of neck and back pain. Objective findings were stated as unchanged. However, it also said the patient appeared more acute. The diagnoses included lumbar, thoracic, and cervical strain. The treatment has included non-steroidal anti-inflammatory drugs (NSAIDs), oral opioids, and cognitive therapy. The records from 2012 state he was receiving semi-annual physical therapy (8-12 sessions). No recent physical therapy notes were included. A Utilization Review determination was rendered on 02/11/14 recommending non-certification of "12 session's physical therapy for cervical/thoracic/lumbar/left shoulder".

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR CERVICAL/THORACIC/LUMBAR/LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. The non-certification was based upon the claimant having no change in symptoms and lack of documentation of recent physical findings. The patient has received an unspecified number of previous physical therapy sessions. An additional 12 sessions are requested and would exceed the recommended number of visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement to support the medical necessity for 12 additional physical therapy sessions. As such, the request is not certified.