

Case Number:	CM14-0019050		
Date Assigned:	04/23/2014	Date of Injury:	02/17/2012
Decision Date:	07/03/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 54-year-old woman with a date of injury of 2/17/12. She is status post a course of physical therapy and a course of aquatic therapy in the past. She is status post cervical nerve blocks in 11/13. She was seen by her physician on 1/27/14 for ongoing cervical pain in C1, 4 and 7 with radicular pain and weakness in her arms. She also complained of low back pain with radicular pain in her legs. Her medications included Cymbalta, butrans, Norco and naproxen. Her physical exam showed pain to palpation along her cervical and lumbar facet capsules with secondary myofascial pain. The documentation noted no significant change in her presentation. The request was to continue her current medications and aquatic therapy. The additional request for physical therapy is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO TREAT THE CERVICAL AND LUMBAR SPINE X 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, and Low Back, Physical Therapy (PT).

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home Physical Medicine. In the case of this injured worker, physical therapy has already been used for as a modality and a self-directed home program should be in place. She is also still participating in aquatic therapy. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic neck and back pain. As such, the request is not certified.