

Case Number:	CM14-0019999		
Date Assigned:	04/30/2014	Date of Injury:	10/18/2012
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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:

According to the records made available for review, this is a 62-year-old female with a 10/18/12 date of injury. At the time (12/11/13) of request for authorization for physical therapy for the lumbar spine (3 times per week for 6 weeks), there is documentation of subjective (neck, bilateral shoulders, and low back pain with numbness/tingling down the arms) and objective (tenderness over the paravertebral and trapezius muscles, decreased cervical spine range of motion, positive impingement sign bilaterally, tenderness over the acromioclavicular, decreased bilateral shoulders range of motion, antalgic gait, tenderness over the lumbar spine, and decreased lumbar spine range of motion) findings. The current diagnoses includes (cervical spondylosis, cervical disc degeneration, cervical myofascial sprain/strain, spondylolisthesis, shoulder impingement/bursitis, shoulder acromioclavicular arthritis, lumbar myofascial sprain/strain, lumbar disc degeneration, and lumbar spondylosis), and the treatment to date includes (physical therapy, acupuncture, and medications). A medical report identifies a request for physical therapy to the neck, bilateral shoulders, and low back. The number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. As such the request for physical therapy for the lumbar spine (3 times per week for 6 weeks) is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LUMBAR SPINE 3X6: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of physical therapy for patients with a diagnosis of degeneration of cervical disc not to exceed 12 visits over 8 weeks, diagnosis of impingement syndrome not to exceed 10 visits over 8 weeks, and diagnosis of lumbar disc disorders not to exceed 10 visits over 8 weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, cervical disc degeneration, cervical myofascial sprain/strain, spondylolisthesis, shoulder impingement/bursitis, shoulder acromioclavicular arthritis, lumbar myofascial sprain/strain, lumbar disc degeneration, and lumbar spondylosis. In addition, there is documentation of a request for physical therapy to the neck, bilateral shoulders, and low back and previous physical therapy treatments. However, there is no documentation of the number of physical therapy treatments completed to date and, if the number of treatments have exceeded guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy lumbar spine (3 times per week for 6 weeks) is not medically necessary.