

Case Number:	CM14-0115343		
Date Assigned:	08/04/2014	Date of Injury:	02/13/2001
Decision Date:	09/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 69 year old male with an injury date of 2/13/01. Based on the 4/24/14 progress report by the performing provider, [REDACTED], this patient complains of "neck pain, bilateral upper extremity pain and left shoulder pain." Exam of this patient's cervical spine range of motion reveals flexion, extension, and right/left lateral bending to be limited to 10 degrees. Spurling's maneuver causes pain in the muscles of the neck radiating to the left upper extremity. Lumbar spine range of motion is restricted with flexion limited to 20 degrees, extension limited to 5 degrees, and right/left lateral bending limited to 10 degrees. On palpation, paravertebral muscles, hypertonicity, tenderness and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both the sides. Diagnoses for this patient are: 1. Hip Bursitis. 2. Low Back Pain. 3. Pain in Joint Lower Leg. The utilization review being challenged is dated 6/26/14. There was no PR2 submitted with the treatment request. The request is for Physical Therapy for spine (2 times a week for 6 weeks). The requesting provider is [REDACTED] and he has provided various reports from 4/05/13 to 4/24/14.

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 spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- NECK AND UPPER BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Reflex sympathetic dystrophy (CRPS) Page(s): . 98, 99.

Decision rationale: This patient presents with pain in the neck and bilateral upper extremities with "increased left shoulder pain." This patient continues to use his TENS (Transcutaneous Electric Nerve Stimulation) unit on a regular basis, which he is "very happy with." The treater requests Physical Therapy for spine (2 times a week for 6 weeks). MTUS guidelines, pages 98-99, allows for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. In this case, this patient has already had 5 physical therapy visits for the neck as documented by the 09/27/13 progress notes by [REDACTED]. The request for 12 additional physical therapy sessions for the spine, in addition to the 5 already received, exceeds MTUS guidelines for this type of condition. Furthermore, there is no reason why this patient cannot reasonably continue his home exercise program, as recommended by his provider in the 4/24/14 progress note. Given the lack of documentation noting the functional deficits or improvements made for this patient for additional courses of physical therapy as a medical necessity, the Therefore, the request of twelve (12) Physical Therapy sessions for spine is not medically necessary and appropriate.