

Case Number:	CM14-0119291		
Date Assigned:	08/06/2014	Date of Injury:	04/18/2011
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 4/18/11. A utilization review determination dated 7/24/14 recommends modification from 24 PT sessions to 12 sessions. 6/18/14 medical report identifies neck pain progressively improving, albeit slowly. Patient is s/p C4-5 and C5-6 cervical disc replacement 6/11/13 and the patient also had lumbar spine surgery previously. She is frustrated with the current physical therapy she is receiving and is interested in a new location. Neck pain is 7/10, left arm 7/10, back 8/10, and right leg 8/10. On exam, no abnormal findings were noted. The patient reported a -70% change in overall condition. Her symptoms have improved after surgery, although she does still continue to experience primarily left-sided neck pain. The provider notes that she can still make progress with PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times weekly for 12 weeks , cervical spine per RFA dated 7/15/2014 qty:24.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy x 24 sessions, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. While there may be an indication for a few PT sessions in the case of an objective exacerbation, no abnormal objective findings or functional deficits were noted. The previous utilization reviewer recommended modification of the request to certify 12 PT sessions, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy x 24 sessions is not medically necessary.