

Case Number:	CM14-0136898		
Date Assigned:	10/20/2014	Date of Injury:	05/27/2012
Decision Date:	12/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

The injured worker (IW) is a 38-year-old man with a date of injury of February 25, 2013. The mechanism of injury occurred as a result of cumulative trauma. Pursuant to the clinical note dated July 26, 2014, the IW complains of pain in the cervical spine that is aggravated by repetitive motions the neck caused by pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain is characterized as sharp. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The pain is rayed 7/10. The IW also complained of constant low back pain, left wrist pain, and left foot pain. Physical examination revealed palpable paravertebral muscle tenderness in the cervical spine with spasms. Range of motion (ROM) was limited by pain. There was a positive palmar compression test subsequent to Phalen's maneuver in the left wrist/hand. ROM was full, but painful. Lumbar spine ROM is guarded and restricted. There was tenderness at the plantar aspect of the left foot/ankle. The IW was diagnosed with cervical discopathy/cervicalgia, lumbar discopathy, clinical left carpal tunnel syndrome, and rule out internal derangement of the left foot. Current medications were not addressed. The recommendation is made for physical therapy (PT) for the cervical spine, lumbar spine, left wrist and left foot three times a week for 4 weeks. The course, scope, frequency, and duration of treatment will be determined via correspondence between the therapist and the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions 3 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 12 sessions, three times a week for four weeks to the cervical spine, lumbar spine, left wrist and foot is not medically necessary. The guidelines provide frequency and duration of physical therapy. The ODG preface recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy. When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. In this case, a progress note dated June 26, 2014 provides a recommendation for physical therapy to the cervical spine, lumbar spine, left wrist and left foot along with the use of appropriate pharmacologic agents for symptomatic relief. The frequency and duration or three times per week for four weeks or 12 visits. The ODG recommends a six for the clinical trial with documentation indicating improvement no improvement or worsening of symptoms. The requesting physician exceeded the guidelines in terms of frequency (12 sessions) and consequently, physical therapy 12 sessions is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy 12 sessions, three times a week for four weeks to the cervical spine, lumbar spine, left wrist and foot is not medically necessary.