

Case Number:	CM14-0147302		
Date Assigned:	10/17/2014	Date of Injury:	06/18/2007
Decision Date:	12/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old woman with a date of injury of 06/18/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Physical therapy notes dated 02/11/2014 and 02/27/2014 and treating physician notes dated 03/17/2014, 03/19/2014, 05/19/2014, and 06/23/2014 indicated the worker was experiencing neck pain that went into the shoulders and the left arm, problems sleeping, and long-standing headaches. Documented examinations consistently described tenderness in the neck, upper back, lower back, heels, and both shoulders; decreased joint motion in the lower and upper back; and positive testing with raising the right straightened leg. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, a problem with a lower back disk, shoulder pain, anxiety, and depression. Treatment recommendations included oral pain medication, additional physical therapy and a continued home exercise program, and follow up care. A Utilization Review decision was rendered on 08/27/2014 recommending non-certification for six additional physical therapy sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of physical therapy for cervical and lumbar spine: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, a problem with a lower back disk, shoulder pain, anxiety, and depression. The records consistently indicated the worker's pain and activity levels were unchanged after six sessions of physical therapy. There was no discussion detailing how physical therapy had improved the patient's quality of life, and there were no significant objective findings of improvement described. In addition, the initial physical therapy note suggested the worker may have had prior physical therapy within the prior several months. Transition to an independent home exercise program should have been a part of the initial physical therapy sessions. For these reasons, the current request for six additional physical therapy sessions for the cervical and lumbar spine is not medically necessary.