

Case Number:	CM14-0147319		
Date Assigned:	09/15/2014	Date of Injury:	05/24/2011
Decision Date:	11/03/2014	UR Denial Date:	08/18/2014
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 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:

The injured worker is a 54-year-old male who sustained an injury on 3/24/11. As per 2/6/14 report, he presented with persistent neck pain and low back pain. The neck pain radiated to the left greater than the right upper extremity and the low back pain radiated to the right lower extremity with numbness and tingling. Exam revealed tenderness at the cervical paravertebral muscles, upper trapezial muscles with spasm, and at lumbar paravertebral muscles with pain with terminal motion. There was painful and restricted cervical range of motion (ROM) and dysesthesia at the C6 and C7 dermatomes, left greater than right and at right L5 and S1 dermatomes. Magnetic resonance imaging (MRI) of the cervical spine revealed significant spondylosis and pathology at C5 through C7 and to a lesser extent at C3-4 and C4-5. MRI of the lumbar spine revealed disc pathology at L4-5 and L3-4 and to a lesser extent at L5-S1. He is status post total hip arthroplasty. It is not clear as to what medications he is currently on, but on 5/21/14 the provider has requested authorization for Naproxen sodium, Ondansetron, Omeprazole, Tramadol and Terocin patches. It is unclear as to how much of physical therapy he had and to what extent it has helped him except that the physical therapy note dated 7/25/12 indicated that he had been seen 9 times since his initial evaluation of 6/27/12 and that he continued to make range of motion (ROM) gains and benefit from continued skilled physical therapy for return to functional and work related activities pain free and unrestricted. Diagnoses include cervical/lumbar discopathy, cervicgia, carpal tunnel/double crush syndrome, status post bilateral total hip replacements. The request for physical therapy 2 times a week for 3 weeks treating the cervical and lumbar spine was denied on 8/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 3 Weeks Treating the 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.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 physical therapy visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, the IW has received at least 9 physical therapy visits since his injury; however, there is little to no record of physical therapy progress notes with documented quantitative objective measurements (i.e. pain level "VAS", range of motion, strength or function), demonstrating any improvement. There is no evidence of presentation of any new injury / surgical intervention. Nonetheless, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Moreover, requested additional physical therapy visits would exceed the guidelines criteria. Therefore, the request for Physical Therapy 2 Times a Week for 3 Weeks Treating the Cervical and Lumbar Spine is not medically necessary.