

Case Number:	CM14-0147375		
Date Assigned:	09/15/2014	Date of Injury:	04/16/2013
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
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:

According to the records made available for review, this is a 48-year-old female with a 4/16/13 date of injury, and status post left shoulder arthroscopy 3/25/14. At the time (8/21/14) of the Decision for physical therapy 2 x week x 6 weeks lumbar and cervical spine, there is documentation of subjective (moderate pain in the cervical and lumbar spine with stiffness, weakness, and numbness) and objective (cervical and lumbar spine tenderness to palpation, deformity and spasms, minimal pain during range of motion). Current diagnoses includes sprain/strain neck, sprain/strain lumbar, and sprain/strain shoulder, arm. The treatment to date includes medications, TENS, back brace, physical therapy, and home exercise. A 5/29/13 medical report identifies the patient had five sessions of physical therapy which were not beneficial. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date, and exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 6 weeks lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14), ODG Low Back (updated 07/03/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, and Low Back, Physical Therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.2

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of physical therapy for patients with a diagnosis of sprain and strains of neck and low back not to exceed 10 visits over 8 weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of sprain/strain neck, sprain/strain lumbar, and sprain/strain shoulder, arm. In addition, there is documentation of 5 previous physical therapy visits. However, given documentation that previous physical therapy was not beneficial, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. In addition, given documentation of a request for physical therapy 2 x week x 6 weeks lumbar and cervical spine which along with the number of visits provided to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 x/week x 6 weeks lumbar and cervical spine is not medically necessary.