

Case Number:	CM14-0151212		
Date Assigned:	09/23/2014	Date of Injury:	02/19/2013
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 67 year old female with a work injury dated 2/19/13. The diagnoses include status post motor vehicle accident 2/15/13; cervical and lumbar sprain/strain; status post motor vehicle accident 2/19/13 cervical and lumbar sprain/strain; cervical degenerative disc disease, multilevel high grade stenosis; left shoulder bursitis/tendonitis; lumbar degenerative disc disease. Under consideration is a request for retrospective physical therapy 12 visits (Date of Service, DOS, 6/19 to 7/11/14). There is a primary treating physician report dated 7/30/14 that states that the patient has constant moderate diffuse cervical spine/upper thoracic spine pain with headaches suboccipital of the skull. Her neck and her upper back pain are increased with movement of the neck in any direction. There is constant moderate lower lumbar spine pain which radiates into the posterior aspect of her thighs bilaterally. Her pain is increased with flexion or arising from sitting. Her pain is also increased with putting on her shoes. On 2-15-13 the patient was working her vehicle was rear-ended in a hit and run. This accident caused neck and low back pain. Approximately 4 days later while working her car was rear ended by a car. She states that she didn't feel as much pain after the first motor vehicular accident, but after the second accident her pain really increased in her neck and back. At some point she was receiving Toradol injections weekly and taking Norco. She ultimately saw another chiropractor for 18 visits and was unimproved. She was also seen by an orthopedic surgeon who recommended physical therapy, but this was denied by the carrier. She was also authorized two treatments for an osteopath who gave her home exercises. She states "I'm not good with doing home exercises." She takes tramadol, Norco and Robaxin daily. On exam Romberg sign was normal. Cervical range of motion was decreased. Shoulder Depression Test positive for cervical spine pain. Compression positive for cervical spine pain. Kemp positive for mid thoracic spine pain.

Lumbar spine has decreased range of motion. Straight leg raise positive for pain radiating into both. The reflexes of the upper extremities are 2+ brisk and equal bilaterally. The strength of the upper extremities is normal and equal bilaterally. The reflexes of the lower extremities are 2+ brisk and equal bilaterally. The strength of the lower extremities is normal and equal bilaterally. There is 4+ myospasms of the cervical paraspinal trapezius and levator scapulae musculature. There are myospasms of the thoracic and rhomboid muscles and lumbar paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy 12 visit (dos: 6/19 to 7/11/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,9.

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

Decision rationale: Retrospective Physical Therapy 12 Visits (DOS: 6/19 TO 7/11/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior cervical and lumbar physical therapy. The request exceeds the guidelines recommendations of up to 10 visits for myalgia and myositis, unspecified and for neuralgia, neuritis, and radiculitis, unspecified. The request does not specify a body part. The documentation indicates that the patient has had extensive prior therapy for the low back and neck. The patient should be versed in a home exercise program. There are no extenuating factors requiring an additional 12 visits of therapy (DOS 6/19 to 7/11/14). The request for retrospective physical therapy 12 Visits (DOS: 6/19 TO 7/11/2014 is not medically necessary.