

Case Number:	CM14-0161681		
Date Assigned:	10/07/2014	Date of Injury:	02/14/2008
Decision Date:	12/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain 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 is a 60 year-old male with a date of injury of 02/14/2008. The patient's industrially related diagnoses include chronic neck pain, cervical foraminal stenosis, chronic shoulder pain status post cervical fusion and shoulder surgery. According to a progress noted date 4/17/2014, the patient has been treated with Opana ER, fentanyl patch, tizanidine and Vicodin. The patient has had MRI studies of the cervical and thoracic spine showing cervical neuroforaminal stenosis, anterolisthesis and small thoracic disc bulges at multiple levels. The disputed issue is a request for cervical physical therapy for 8 sessions. This was requested 9/16/2014. A utilization review determination on 9/18/2014 had noncertified this request. The stated rationale for the denial was "there is no indication of how many session of physical therapy this claimant had in the past and when the last surgical procedure was."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 to the cervical 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: In the case of this injured worker, the original date of injury was remote. The patient likely has undergone previous conservative care including physical therapy in the past. Within the submitted documentation, there is no specific documentation of how many sessions of physical therapy the patient has attended thus far. Although there is documentation of cervical and thoracic spine pathology, future physical therapy is contingent on the outcome of prior physical therapy. It is noted that the patient suffered a fall in June 2014 and sustained rib fractures. The patient at the time had participated in some inpatient physical therapy. However, a comprehensive discharge summary with recommendations of future therapies was not found. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Therefore the current physical therapy request is not medically necessary.