

Case Number:	CM14-0167530		
Date Assigned:	10/14/2014	Date of Injury:	06/14/2014
Decision Date:	11/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational 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:

This case is a 63 year old female with a date of injury on 6/14/2014. A review of the medical records indicate that the patient has been undergoing treatment for cervical, thoracic, and lumbar sprain. Subjective complaints (7/1/2014) include 8/10 neck/chest/head/back pain and (7/11/2014) include neck, head, chest, mid and low back pain. Objective findings (7/1/2014) include painful neck range of motion tenderness to palpation of neck/upper back muscles and (7/11/2014) include increased pain with range of motion/motor skill movements. Treatment has included chiropractic therapy, cyclobenzaprine, omeprazole, and biofreeze. A utilization review dated 10/10/2014 non-certified a request for PHYSICAL THERAPY 3 X WK X 4-6 WKS NECK, THORACIC/LUMBAR SPINE due to lack of documented conditions needing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 4-6WKS NECK, THORACIC/LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical

Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Regarding physical therapy, ODG states "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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate any prior physical therapy. Per guidelines, an initial trial of six session is necessary before additional sessions can be approved. The request for 12-16 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for PHYSICAL THERAPY 3XWK X 4-6WKS NECK, THORACIC/LUMBAR SPINE is not medically necessary.