

Case Number:	CM14-0170528		
Date Assigned:	10/20/2014	Date of Injury:	10/30/2013
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This 57 year-old teacher sustained an injury on 10/30/13 while employed by [REDACTED]. While walking downstairs, the patient lost her footing and twisted her right ankle and fell backwards, striking her head on the stairs. There was no report of loss of consciousness, no results of MRI of head obtained, nor any hospitalization mentioned. The patient received physical therapy since injury to current for at least 10 months. Request under consideration include physical therapy 3 times 4 for cervical and lumbar spine. Diagnoses include chronic cervical sprain. There is history of previous motor-vehicle accident (MVA) in 1985 resulting in fractures and cervical sprain, in which she was in coma lasting 40 day and still on therapy without neurological or mental deficits. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 9/18/14 from the provider noted the patient with chronic occasional exacerbation of residual upper and lower extremity pain sustained from previous non-industrial injuries. Currently, there is headaches radiating to her eyes and face; low back pain rated at 6/10, neck pain rated at 7/10, shoulder pain rated at 5-8/10, bilateral ankle pain with depression, stress, and anxiety. Exam showed diffuse tenderness at lumbar paraspinal muscles; positive straight leg raise (SLR) bilateral; heel toe walking with difficulty; negative bilateral Spurling's in cervical spine without neurological deficits. Medications list Lyrica, Naproxen, and Omeprazole. Treatment included physical therapy (PT). The request for physical therapy 3 times 4 for cervical and lumbar spine was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy 3 times 4 for cervical and lumbar spine is not medically necessary and appropriate.