

Case Number:	CM14-0182562		
Date Assigned:	11/07/2014	Date of Injury:	01/05/2013
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Interventional Spine 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 patient is a 63 year old with an injury date on 1/5/13. Patient complains of constant cervical pain radiating into upper extremities, with associated migraine headaches and tension between shoulder blades, total pain rated 6/10 per 9/29/14 report. Patient also has worsening low lumbar pain radiating into lower extremities rated 8/10 per 9/29/14 report. Based on the 9/29/14 progress report provided by the treating physician, the diagnoses are: 1. cervicalgia 2. joint derangement - NOS shoulder 3. lumbago Exam on 9/29/14 showed "C-spine range of motion limited. L-spine range of motion guarded/restricted especially flexion/extension. Shoulder range of motion guarded/restricted with internal rotation and forward flexion." Patient's treatment history includes 24 sessions of physical therapy, and medications. The treating physician is requesting continued physical therapy 2 times a week for 4 weeks; cervical lumbar spine and bilateral shoulders. The utilization review determination being challenged is dated 10/8/14. The treating physician provided treatment reports from 5/19/14 to 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 times a week for 4 weeks; cervical/lumbar spine and bilateral shoulders: Upheld

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

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

Decision rationale: This patient presents with neck pain/headaches, pain in upper extremities, lower back pain, and pain in the lower extremities. The provider has asked for continued physical therapy 2 times a week for 4 weeks; cervical lumbar spine and bilateral shoulders on 9/29/14. The utilization review letter dated 10/8/14 states the patient had 24 sessions of physical therapy, but does not provide any dates or state which body part was addressed in therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the provider does not indicate any rationale or goals for the requested 8 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Considering the patient had 24 sessions of physical therapy, an additional 8 sessions exceed what is allowed by MTUS for this type of condition. Therefore, this request is not medically necessary.