

Case Number:	CM14-0184654		
Date Assigned:	11/12/2014	Date of Injury:	03/02/2013
Decision Date:	12/30/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old male who was injured on 3/2/2013. He was diagnosed with cervical spinal stenosis, chronic cervical strain, and chronic thoracic strain. He was treated with physical therapy (at least 8 sessions for the cervical spine), On 7/21/14, the worker was seen by his primary treating physician reporting undergoing a course of physical therapy for his neck, but with persistent neck pain, bilateral wrist/hand pain, right knee pain, and elbow pain. Physical findings included normal motor and sensory function of the upper extremities, mildly restricted cervical range of motion with pain and tenderness of the thoracic spine at T8. He was then recommended thoracic physical therapy in addition to him completing his physical therapy sessions approved for his cervical spine. Later, on 9/18/14, a request for 12 sessions of physical therapy for both the cervical and thoracic spine was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 C/S, T/S: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the back and neck is recommended by the MTUS Guidelines as an option for chronic neck or back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, there was evidence found in the notes available for review that he was completing cervical spine physical therapy as much as 8 or more sessions with the intention to complete (12) them, when the provider recommended thoracic physical therapy to be completed. However, the request was for both cervical and thoracic physical therapy. It is unclear if the worker had completed some thoracic physical therapy sessions before this request for physical therapy for both the cervical and thoracic spine. There was evidence that the worker was competent with home exercises for his cervical spine as seen from the physical therapy notes. Therefore, the request for both cervical physical therapy seems medically unnecessary, and although it is undetermined if the worker warrants thoracic physical therapy, the request for both cervical and thoracic physical therapy will be considered medically unnecessary.