

Case Number:	CM14-0185096		
Date Assigned:	11/13/2014	Date of Injury:	02/03/2003
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 & 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 patient sustained an injury on 2/3/2003 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 16 sessions, 2 times a week for 8 weeks. Diagnoses include cervical herniated disc; lumbar herniated disc; bilateral carpal tunnel syndrome; rotator cuff syndrome of bilateral shoulder. Report of 9/26/14 from the provider noted the patient with chronic ongoing symptoms of severe headaches, difficulty sleeping, radiating pain on left side of neck, left shoulder and upper extremity associated with numbness and tingling in bilateral upper and lower extremities; pain rated at 8/10 with 60% of normal ADLs. Exam showed diffuse spasm and tenderness over paravertebral and trapezial musculature; lumbosacral spine with limited range in flex/ext. of 30/10 degrees; bilateral elbow tenderness and range of 0-145 degrees without effusion; neurological exam showed normal DTRs, sensation, and motor strength of upper and lower extremities. Treatment plan included home exercise program, PT, medications, follow-up rheumatology. The patient remained Permanent & Stationary and has been totally disable, unable to return to work. The request(s) for Physical Therapy 16 sessions, 2 times a week for 8 weeks was denied on 10/6/14 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 16 sessions, 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Physical Medicine 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 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 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 2003 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 16 sessions, 2 times a week for 8 weeks is not medically necessary.