

Case Number:	CM14-0029819		
Date Assigned:	06/16/2014	Date of Injury:	04/02/2002
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pain 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 is a 45-year-old male patient with a date of injury on 04/02/2002. Diagnoses include lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy. Patient has a history of cervical fusion and a 2 level lumbar surgery. A request for 12 sessions of physical therapy (26) was non-certified at utilization review on 02/28/14 noting this is a chronic case for which the patient would be anticipated to have transitioned to active independent rehabilitation by now. It was also noted the physical therapy prescription included a prescription for considerable passive therapy, which would not be indicated in this chronic timeframe, and there was no evidence of significant functional deficits explaining why the patient would require a supervised therapy rather than independent therapy at this time. On 01/16/14, the patient reported pain level slightly higher than the past 2 months. Patient is currently not working. The patient reported medications allow him to go to work every day. Pain was reported in the neck, left arm, back, leg and foot. He also complained of fatigue and tiredness during the day. Pain was rated at 5-7/10. Current medications were listed as Lyrica, AndroGel, Norco, Robaxin, Zanaflex, Anaprox DS, omeprazole, and docusate sodium. Objective findings on examination revealed limited range of motion to the neck. there was palpable muscle spasm along the sternocleidomastoid and superior trapezius muscle strength was reduced at 5-/5 at the left finger flexors. Lumbar range of motion was restricted and reportedly painful with extension and flexion. Muscle strength was 5/5 at the extensors and flexors of the hips and knees bilaterally, as well as plantar flexion and dorsiflexion. Treatment plan was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWELVE (12) TREATMENTS; TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

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

Decision rationale: The CA MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient has a longstanding chronic injury from 2002 and it would be expected the patient has previously attended physical therapy. Previous conservative treatment was not outlined in the records provided indicating how many sessions of physical therapy have been completed to date or response to previous treatment. There is no documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Transition to an independent self-directed home exercise program would be expected at this stage. As such, the requested 12 sessions of physical therapy, 2 times per week for 6 weeks is not medically necessary and is not medically necessary.