MAXIMUS Federal Services

Case Number:	CM14-0032003		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2000
Decision Date:	08/05/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 Medicne 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:

The injured worker is a 51-year-old male with a reported date of injury on 09/01/2000. The mechanism of injury reportedly occurred when the claimant was lifting a 250 pound patient out of a restaurant while performing his duties as an EMT. The claimant presented with ongoing pain in his low back. Upon physical examination, the claimant presented with tenderness of the lumbosacral junction with functional range of motion. According to the clinical note dated 06/04/2014 the claimant previously completed 9 sessions of physical therapy with decreased pain reported. The Nerve Conduction tests performed on 08/03/2012 revealed bilateral mild median mononeuropathy (carpal tunnel syndrome) and bilateral L4-5 radiculopathy. Diagnoses included multilevel cervical spondylosis C4-C7 with varying degrees of foraminal narrowing and C4 hemangioma unchanged from the prior MRI. In addition, his diagnosis included status post anterior lumbar interbody fusion L4-5 (2000), status post artificial disc replacement L3-4 (2005), facet arthrosis L5-S1 and to a lesser extent L2-3. Medication regimen included Lipitor and ibuprofen. The Request for Authorization for additional 13 outpatient physical therapy sessions for the cervical spine was submitted on 03/07/2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 13 outpatient physical therapy sessions for the cervical spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 8 to 10 visits over 4 weeks. According to the documentation provided for review the injured worker previously participated in 9 physical therapy visits. In this case, there is a lack of documentation related to the therapeutic benefit of previous physical therapy as it relates to flexibility, strength, endurance, function, range of motion, and the alleviation of discomfort. In addition, the request of an additional 13 physical therapy visits exceeds recommended guidelines. Therefore, the request for additional 13 outpatient physical therapy sessions for the cervical spine is not medically necessary and appropriate.