

Case Number:	CM14-0036387		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2012
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/25/2014

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 Management, 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 patient with a date of injury of November 8, 2012. A utilization review determination dated March 4, 2014 recommends noncertification of additional physical therapy for the lumbar and cervical spine. Non-certification was recommended since the patient has already exceeded the normal guideline recommendation of up to 10 visits. A letter dated June 30, 2014 indicates that a new computed tomography (CT) scan of the back has been ordered. The test document a progress report dated March 14, 2014 identify subjective complaints of ongoing pain in the neck and back which radiates into the legs. The neck pain has improved somewhat following acupuncture sessions. The patient also has a great deal of pain and numbness in her right hand. Physical examination findings identified limited range of motion of the cervical spine which is approximately 60% of normal with tenderness to palpation over the anterior or posterior cervical triangles. The diagnoses include a right carpal tunnel syndrome, right carpometacarpal (CMC) joints arthritis of the thumb, left carpal tunnel syndrome status post release, left CMC joint arthrosis of the thumb, bilateral wrist and forearm tendinitis, chronic neck and back pain, cervical spondylosis and degenerative disc disease, lumbar spondylosis, and lumbar radiculopathy. The current treatment plan recommends therapy and evaluation. A progress report dated April 1, 2014 indicates that the patient has completed twelve out of twelve physical therapy sessions for the neck and back which are "helping." Physical examination reveals limited rotation in the cervical spine, tenderness to palpation in the lumbar spine, normal strength and sensory examination in the upper and lower extremities, and normal reflexes. The treatment plan states "I have recommended physical therapy to address her lumbar disc herniation, will request 12 sessions on February 21, 2014 but have not yet heard a response." A progress report dated January 21, 2014 indicates that the patient has completed four out of twelve physical

therapy sessions. The physical examination appears unchanged from the more recent progress reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), TWO (2) TIMES SIX (6) LUMBAR-CERVICAL SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Ch. 8 pg. 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Neck Chapters, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, The CA MTUS guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided. There is no documentation of specific ongoing objective treatment goals. In addition, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the request for Physical Therapy 2 x 6 on the lumbar and cervical spine additional physical therapy is not medically necessary.