

Case Number:	CM14-0038051		
Date Assigned:	06/25/2014	Date of Injury:	01/06/2012
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 January 6, 2012. 8 utilization review determination dated March 17, 2014 recommends non-certification of additional physical therapy for the neck. Non-certification is recommended due to the patient having completed 14-17 physical therapy visits since surgery. A progress report dated June 2, 2014 identifies subjective complaints of persistent low back pain which radiates down her left leg rated as 5-6/10. The patient also has neck pain which radiates to the right side of her back and her shoulder blade. Botox injections have been unhelpful. The patient has had less than 12 visits of physical therapy for the neck since her surgery. Objective examination findings reveal restricted cervical range of motion with positive facet loading bilaterally at C3/C4 and normal upper extremity sensation. Diagnoses include status post anterior cervical decompression/fusion on February 26, 2013, herniated nucleus pulposus of the lumbar spine, cervical radiculopathy, and lumbar radiculopathy. The treatment plan indicates that the patient will be evaluated for further surgical intervention in the cervical spine following a cervical CT scan. The treatment plan also recommends continuing current medications. A progress report dated May 23, 2014 indicates that "physical therapy did not help. The patient has left groin pain. I recommend no more physical therapy pending the CT scan."

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of additional physical therapy for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Cataract surgery. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck & Upper Back Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment 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. ODG has more specific criteria for the ongoing use of physical therapy. 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, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the physician has recommended that the patient see a surgical specialist due to CT scan findings, which would imply that the patient has failed conservative treatment options. As such, the current request for additional physical therapy is not medically necessary.