

Case Number:	CM14-0041028		
Date Assigned:	06/27/2014	Date of Injury:	05/04/2013
Decision Date:	08/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, 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:

The injured worker is a 64 year old female who sustained an injury to her neck on 05/04/13 while lifting a 370 pound comatose patient to change their clothes; she injured her neck and upper back. The injured worker was recommended for an initial regimen of physical therapy in hopes that this would help provide a return to full duty. Re-evaluation on 10/17/13 notes that the injured worker reported decreased neck pain and she felt ready to return to work. The injured worker was advised to continue physical therapy and use of topical cream. The injured worker was returned to full duty capacity with no restrictions. Treatment to date has included x-rays, medications and lumbar/cervical physical therapy was prescribed with 24 visits attended. A cervical spine MRI was ordered and she was subsequently taken off work. The injured worker continued to complain of spasms in the mid/low back. The most recent progress report dated 06/06/14 reported that the injured worker has continued therapy, has neurological consultation pending as well as a qualified medical examination pending for 07/14/14. The injured worker was recommended to continue physical therapy. Physical examination of the cervical spine noted range of motion 48 degrees, extension 32 degrees, right lateral flexion 22 degrees, left lateral flexion 20 degrees, right rotation 40 degrees, left rotation 40 degrees. The injured worker continued to complain of right shoulder and neck pain which was constant and moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Physical Therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation EBM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

Decision rationale: The request for 12 additional physical therapy visits for the cervical spine is not medically necessary. The previous request was denied on the basis that current guidelines do not recommend more than 9-10 physical therapy visits over 8 weeks for chronic pain. The records indicate that the injured worker has completed at least 24 physical therapy visits, the most recent dated 02/18/14. Additionally, when taking into consideration the original date of injury, the number of physical therapy visits already completed, the minimal tenderness on physical examination and the slightly decreased range of motion, the request is not deemed as medically appropriate. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines recommends up to 10 visits over 8 weeks for the diagnoses injuries with allowing for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 12 additional physical therapy visits for the cervical spine is not indicated as medically necessary.

12 visits as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation EBM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Office visits.

Decision rationale: The request for twelve visits as outpatient is not medically necessary. The Official Disability Guidelines states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, there was no rationale as to why the injured worker needs twelve pre-approved outpatient visits. Given this, the request for twelve visits as outpatient is not indicated as medically necessary.