MAXIMUS Federal Services

Case Number:	CM14-0041696		
Date Assigned:	06/30/2014	Date of Injury:	01/22/2002
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
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 Occupational 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 patient is a 43-year-old male who has submitted a claim for status post anterior cervical decompression and fusion at C5-6 and C6-7 with titanium plate and 6 screws retained (1/2012), status post emergency laminectomy posteriorly for cervical hematoma post-epidural injection (11/2012), residual paraparesis from approximately T1, distally, sexual dysfunction, depression, insomnia, and seizure disorder associated with an industrial injury date of January 22, 2002.Medical records from 2013-2014 were reviewed, which showed that the patient complained of persistent neck and low back pain. Physical examination revealed 50 percent limitation of cervical spine range of motion. Straight leg raise test was positive bilaterally. Motor strength was 4/5 for the gastrocnemius, hamstrings, and quadriceps. The treatment to date includes anterior cervical decompression and fusion C5-6 and C6-7, epidural injections, physical therapy, chiropractic therapy, aquatic therapy, cognitive behavioral therapy, rolling walker, nerve blocks, radiofrequency ablations, and medications. The utilization review from March 24, 2014 denied the request for Physical Therapy 4 x 6 weeks because the patient has had extensive therapy that would exceed the normal duration for any of his complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (4) times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy; Shoulder.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for intervertebral disc disorders without myelopathy, rotator cuff syndrome/impingement syndrome, displacement of cervical intervertebral disc, and neck strain/sprain. In this case, review of records indicates that the patient has completed an unknown number of Physical Therapy sessions following the injury and is also currently undergoing Physical Therapy in another institution. It is therefore expected that the patient has received more than an adequate number of supervised sessions for his condition. He should be well versed in a self-directed home exercise program. The medical records failed to show whether the patient has participated in a home exercise program after therapy courses. There is no clear indication for continued Physical Therapy sessions in the absence of evidence participation in a home exercise program. The patient was also authorized for Physical Therapy sessions previously however no documentation regarding completion of visits and treatment response following therapy was provided. There is likewise no documented comprehensive physical examination and impairments in activities of daily living that support the need for additional therapy sessions. Furthermore, the present request for 24 sessions exceeds the number of sessions recommended by guidelines for the patient's condition. In addition, the request failed to specify the body part/s needing therapy, therefore the request for Physical Therapy 4 times a week for 6 weeks is not medically necessary.