

Case Number:	CM14-0044605		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2012
Decision Date:	10/24/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 29 year old male with a reported date of injury 05/15/12. The mechanism of injury is reported pain in the mid and low back as he was trying to lift a box and slipped. The injured worker was deemed temporarily totally disabled from his work between 11/27/13-1/16/14 by QME. The diagnoses are cervical, thoracic, lumbar and knee sprain with a C4-5 osteocyte formation and lumbar radiculopathy. Treatments included medications chiro and physical therapy; however number of sessions for both therapies and their outcomes is unknown. Cervical MRI dated 08/07/12 showed 50% right neuroforaminal stenosis at C4-5. EMG/NVC studies of lower extremities dated 07/26/12 evidence of bilateral superficial personal neuropathy. A Progress report from 2/21/14 notes neck pain upper back, lower back, and right knee pain. Exam report indicated there was right knee tenderness, full range of motion and no effusion; cervical thoracic and lumbar spine tenderness and bilateral leg numbness. The current request is for 12 of Physical Therapy sessions, for mobility and strength. This requested was denied in a prior utilization review determination dated 3/20/14 due to no record of the number of sessions last provided, and efficacy of results was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Physical Therapy, 12 sessions for mobility and strength: Upheld

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

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

Decision rationale: Both ACOEM and ODG espouse transitioning to active exercise based modalities. The claimant has been afforded multiple sessions of physical therapy and has been taught a self directed Home exercise program. The claimant has had 24 sessions of chiropractic care with [REDACTED] but there are no functional gains noted and the dates on the practice sheet is obliterated. Progress report from 2/21/14 notes neck pain upper back, lower back, and right knee pain. Exam report indicated there was right knee tenderness, full range of motion and no effusion; cervical thoracic and lumbar spine tenderness and bilateral leg numbness. Persistence in modalities that have had no long term benefit will only engender modality/treatment dependence. The request for Physical therapy 12 sessions far exceeds the terms recommended by both ACOEM, CAMTUS and ODG guidelines. There is no documentation of any functional gains nor the absolute number of sessions afforded each body part and their outcomes. Given the lack of functional gains or even the absolute number of sessions, further participation in physical therapy remains medically unnecessary.