

Case Number:	CM14-0053386		
Date Assigned:	07/07/2014	Date of Injury:	04/24/2007
Decision Date:	08/06/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 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:

According to the records made available for review, this is a 61-year-old female with a 4/24/07 date of injury. At the time (3/27/14) of request for authorization for 10 sessions of physical therapy to the cervical spine, there is documentation of subjective (pain in the neck and left shoulder with radiation to the left arm, wrist, and hand) and objective (cervical spine reduced range of motion to about 50% of normal, tenderness to palpation, positive Tinel's on the left wrist, bilateral thumbs tenderness to palpation over the carpometacarpal joint with enlargement of the thumbs, atrophy of the bilateral thenar eminence, 4/5 grip strength, 4-/5 left grip strength, decreased sensation in the C6-7 distribution) findings, current diagnoses (cervicalgia, carpal tunnel syndrome, and displacement of intervertebral disc without myelopathy), and treatment to date (Functional Restoration Program). 3/20/14 medical report identifies that pain and symptoms were improving during the physical therapy portion of the Functional Restoration Program but the patient was unable to commit so many hours daily. The number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of Physical Therapy to the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of displacement of cervical intervertebral disc not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervicgia and displacement of intervertebral disc without myelopathy. In addition, there is documentation of previous physical therapy during a Functional Restoration Program. However, there is no documentation of number of physical therapy visits completed to date. In addition, despite 3/20/14 medical's report documentation that pain and symptoms were improving during the physical therapy portion of the Functional Restoration Program, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for 10 sessions of physical therapy to the cervical spine is not medically necessary.