

Case Number:	CM14-0056775		
Date Assigned:	07/09/2014	Date of Injury:	02/01/2011
Decision Date:	09/12/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 38 year-old cook sustained an injury on 2/1/11 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy x 12. Diagnoses include Cervicalgia; carpal tunnel syndrome; and cervical spinal stenosis. Report of 10/24/13 noted patient with Report of 3/11/14 from the neurological provider noted the patient had initial injury when a person behind him tapped or struck him in the back and he felt pain in his back and left arm. Diagnoses was C6-7 disk herniation however, he has ongoing chronic cervical pain radiating down arms despite follow-up MRI of the cervical spine showing relative absorption of disk. Exam showed neck range is fairly good with intact motor strength except for left APB with normal gait. Impression were mild CTS and inconclusive possible thoracic outlet syndrome on left as no radiculopathy was found. Report of 1/30/14 from the provider noted the pateint with ongoing neck pain. Exam noted tender midline cervical spine, paracervical regions, and medial scapular blade; limited range; motor bulk and tone and 5/5 motor strength throughout upper extremities with normal gait. Treatment plan include PT referral for an additional sessions. QME report of 3/12/14 noted the patient has reached medically stable status and has no work restrictions. Request(s) for Physical Therapy x 12 was denied on 4/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic) www.odg-twc.com ACOEM - www.acoempracguides.org/ Cervical and Thoracic Spine.

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

Decision rationale: Request(s) for Physical Therapy x 12 was denied on 4/9/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical Therapy x 12 is not medically necessary and appropriate.