

Case Number:	CM14-0060131		
Date Assigned:	07/09/2014	Date of Injury:	10/28/2005
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 54 year-old patient sustained an injury on 10/28/05 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy Cervical. Diagnoses include cervical radiculopathy; cervical multilevel disc bulging/ DDD s/p (status post) cervical spine fusion C4-7 in December 2013; s/p left arthroscopic shoulder surgery on 12/14/11. Reports from the provider on 1/20/14 and 3/3/14 noted the patient with persistent chronic neck pain. Exam findings include increasing muscle spasms, decreased range of motion with radiculopathy at bilateral C6-7. Report of 3/21/14 noted the patient had been declared P&S (permanent and stationary) per supplemental QME (qualified medical evaluation) report of 1/15/13. Complaints included recurrent radiating lower back, neck, and shoulder symptoms. Conservative care has include medications, physical therapy, LESIs (epidural steroid injections), modified activities/rest. Request(s) for Physical Therapy Cervical (x12) was non-certified on 3/31/14 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 CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: 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 is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic P&S injury of 2005. The Physical Therapy Cervical is not medically necessary and appropriate.