

Case Number:	CM14-0061348		
Date Assigned:	07/09/2014	Date of Injury:	12/11/2009
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Tennessee. 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 is a 52-year-old male with a date of injury of 12/11/09. The mechanism of injury occurred when he slipped and fell getting out of his diesel truck. He fell backwards landing on the asphalt in a reclining position, hitting his left upper back and right elbow, and striking his left shoulder against the bottom step of the truck. On 3/25/14, he complained of pain in the neck with radiation to the right shoulder and ongoing numbness in the bilateral upper extremities. On exam there was tenderness and spasm over the paracervical muscles, decreased sensation in the C6 dermatome, and decreased range of motion with pain. The plan was for a short course of physical therapy. The patient has had to date, 18 physical therapy visits. The diagnostic impression is degeneration of the cervical intervertebral disc, spinal stenosis of the cervical region, brachial neuritis/radiculitis, and disorders of bursae and tendons in the shoulder region. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 4/1/14 modified the request for 12 physical therapy visits to 2 physical therapy visits to allow for functional improvement and/or decrease in pain, re-education in a prescribed self-administered program and assessment of compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain Suffering, and the Restoration of Function Chapter 6, page 114 and Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. However, it is noted that the patient has had 18 physical therapy visits to date. ODG Physical Therapy Guidelines indicate brachial neuritis or radiculitis is 12 visits over 10 weeks, sprains and strains of neck are 10 visits over 8 weeks. The UR decision modified the request for 12 physical therapy visits to 2 physical therapy visits. With the 18 physical therapy visits already completed, the addition of 12 more visits would be 30 visits, which would far exceed the 12 visits over 10 weeks for brachial neuritis or radiculitis. Therefore, the request for physical therapy x 12 was not medically necessary.