

Case Number:	CM14-0072162		
Date Assigned:	07/16/2014	Date of Injury:	09/04/2013
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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:

The patient has a date of injury of 9/4/13. The application for the independent medical review was signed on May 13, 2014 for physical therapy two times a week for four weeks for the cervical and thoracic spine. The employee stepped down on a bleachers step, and it collapsed and he fell on the step. He pushes and pulls wheelchairs, and lifts students for personal needs and walking long distances. The claimant had a cervical myofascial strain superimposed on degenerative stenosis of the cervical spine, and chronic thoracolumbar strain superimposed on thoracolumbar degenerative disc disease. He had 16 sessions of therapy. The ODG cites 10 visits over eight weeks for the cervical and 10 visits over eight weeks for the lumbar. There was a state of California primary treating physician's permanent and stationary report. There was a urine toxicology review. There was a note from February 21, 2014 that was the primary treating physician's comprehensive orthopedic evaluation. The claimant works at a school district as an instructional aide. He had a total left hip replacement done in 2004 and a left elbow surgery. He was not on any medicines at the time of the report. The impression again was a cervical myofascial strain superimposed on degenerative stenosis of the cervical spine, and chronic thoracolumbar strain superimposed on thoracolumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks for cervical/thoracic spine (16 previous): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy: Sprains and Strains of the neck, Lumbar Sprains and Strains.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy 24 visits over 16 weeks. This claimant does not have these conditions. And, after 16 sessions, it is not clear why the patient would not be independent with self-care at this point. The MTUS/ACOEM guidelines treatment in the chronic situation is supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for Physical Therapy 2x4 weeks for cervical/thoracic spine is not medically necessary and appropriate.