

Case Number:	CM14-0072237		
Date Assigned:	07/16/2014	Date of Injury:	09/15/2004
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 51 year old female with a work injury dated 9/15/04. The diagnoses include cervical degenerative disc disease with radiculitis and shoulder pain, chronic low back pain. Under consideration is a request for continued physical therapy 2 x 4. Per documentation a review of claim notes that the claimant has completed at least 19 physical therapy visits. There is a 3/31/14 physical therapy re evaluation that states that the patient reports that most of the therapeutic exercises exacerbate her pain. The empty can, speed's test, cervical spine distraction, Hawkins-Kennedy sign are all positive. The document indicates that she is independent in a home exercise program. The document indicates that she has not met her goals yet of not having neck and shoulder pain over 4-5/10 with activities of daily living. A 12/6/13 cervical MRI revealed overall little change is seen. There is a posterior left 5 mm C5-C6 disc protrusion with cord impingement and left foraminal stenosis. There is a posterior right 5 mm C6-7 disc protrusion with cord impingement and right foraminal stenosis. A 3/31/13 supplemental orthopedic report states that on exam the neck has improved range of motion. Examination of the back shows localized discomfort primarily in the right sacroiliac, lumbar region. Straight leg raise negative. Intact motor strength in the lower extremities. The impression was with chronic mechanical strain, lumbar and cervical regions with a chronic pain condition as well. The plan included continuing physical therapy exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back Procedure Summary last updated 4/14/2014; ODG-TWC Shoulder Procedure Summary last updated 3/31/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Continued physical therapy 2 times a week for 4 weeks is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has exceeded this number of visits. The documentation does not indicate evidence of functional improvement from this therapy. The document dated 3/31/14 from PT indicates that the patient was getting increased pain during therapeutic exercise. The request for continued physical therapy 2 x 4 is not medically necessary as there has been no improvement from prior therapy and the request would exceed the recommended number of visits for this condition, therefore is not medically necessary.