

Case Number:	CM14-0077660		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2002
Decision Date:	10/06/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/27/2014

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 Pain Management 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 is a 43 years old male with an injury date on 01/22/2002. Based on the 05/01/2014 progress report provided by [REDACTED], the diagnoses are status post anterior cervical decompression and fusion at C5-6 and C6-7 with titanium plate and 6 screws retained in 01/2012; status post emergency laminectomy posteriorly for cervical hematoma post epidural injection on 11/2012; residual paraparesis from approximately t1, distally; sexual dysfunction; depression; insomnia; seizure disorder, industrial from head injury at original accident of 01/22/2002; multiple dental fractures and dental work, industrial secondary to seizures; suggestion of embellishment, psychiatrically by medical records [REDACTED]; and long term narcotic use/dependence. According to this report, the patient complains of severe neck pain, severe low back pain, moderate left shoulder pain, and mild right shoulder pain. The patient uses a walker with two wheels and is unable to walk without it. The patient "has been going to 2 facilities for his physical therapy," 4 days a week for pool and land therapy for strengthening and 2 days a week for gait training. Physical exam reveals decreased right lower extremity motor strength (4/5). There were no other significant findings noted on this report. The utilization review denied the request on 05/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/14/2013 to 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy, two times a week for six weeks for the Cervical Spine:
Upheld

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

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

Decision rationale: According to the 05/01/2014 report by [REDACTED] this patient presents with severe neck pain, severe low back pain, moderate left shoulder pain, and mild right shoulder pain. The provider is requesting 12 sessions of physical therapy for the cervical spine. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show the patient has had therapies, time-frame for these treatments are not clear. There were no therapy report, no discussion regarding the patient's progress. The provider does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by the guidelines. Therefore, this request is not medically necessary.