

Case Number:	CM14-0078696		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2012
Decision Date:	11/06/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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:

According to the records made available for review, this is a 63-year-old female with a 1/12/12 date of injury. At the time (5/8/14) of request for authorization for physical therapy twice weekly for 6 weeks, there is documentation of subjective (low back pain) and objective (cervical pain and tenderness, positive compression testing, positive Spurling's, diminished sensation in the right upper extremity C5-6, lumbar spine pain and tenderness in the L4 and S1 distribution, positive straight leg raise, diminished right lower extremity L5 sensory deficit) findings, current diagnoses (cervical discopathy, right upper extremity radiculopathy, lumbar spine discopathy, and right lower extremity radiculopathy), and treatment to date (medications). 2/7/14 medical report identifies a request for a trial of pool therapy two times a week for four weeks. There is no documentation of an indication where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy, Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10-12 visits over 8 weeks in the management of cervical and lumbar discopathy and radiculopathy. In addition, ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, right upper extremity radiculopathy, lumbar spine discopathy, and right lower extremity radiculopathy. In addition, there is documentation of a request for a trial of pool therapy two times a week for four weeks. However, there is no documentation of an indication where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested number of treatments exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy twice weekly for 6 weeks is not medically necessary.