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| Case Number: | CM14-0081871 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/08/1995 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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:

This is a patient with a injury date of 2/8/95. A utilization review determination dated 5/5/14 recommends non-certification of physical therapy (PT) and lumbosacral orthosis (LSO). Medical report dated 2/3/14 identifies eight out of ten cervical pain with upper extremity symptoms. Six sessions of facilitated cervical spine physical therapy diminished pain, and improved tolerance to activity. Low back pain is seven out of ten with left greater than right with lower extremity symptoms. Bilateral wrist/hand pain is six out of ten and left shoulder pain is five out of ten. Medication does help and patient denies side effects. On exam, there is lumbar spine tenderness and limited range of motion (ROM), left quadriceps four out of five, left tibialis anterior four plus out of five, diminished sensation left L3 and L4. Radicular component is most limiting at this time, refractory to physical therapy 24 sessions and chiropractic treatment of twenty four sessions, failed acupuncture, failed home exercise and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: Regarding the request for additional physical therapy of the cervical spine, California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions with diminished pain and improved tolerance to activity, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet they are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 physical therapy sessions for this injury. The sessions requested would exceed that amount. In light of the above issues, the currently requested additional physical therapy cervical spine is not medically necessary.

Continue LSO (lumbosacral orthosis): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for LSO, California MTUS and ACOEM state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of any spinal instability or a clear rationale for the use of this device despite the recommendations of the guidelines. In the absence of such documentation, the currently requested LSO is not medically necessary.