

Case Number:	CM14-0083306		
Date Assigned:	07/21/2014	Date of Injury:	03/06/2014
Decision Date:	08/29/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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:

This 52 year-old patient sustained a cumulative trauma injury on 3/6/14 from usual and customary warehouse work as a clerk/picker while employed by [REDACTED]. Request under consideration include Physical therapy 3x/wk for 2 weeks to neck, lumbar, thoracic, and bilateral upper extremities. Diagnoses include Cervical Spondylosis with myelopathy. Report of 3/26/14 from the provider noted the patient's symptoms began in January 2013; patient was seen previously on 1/21/14 at [REDACTED]. Treatment included CT scan, pain medications, work restrictions, and 3 conservative therapy visits. Pain symptoms involve the cervical and lumbar spine, bilateral shoulders/wrists/ and hands. Exam showed limited range in all planes of spine and joint complaints; positive provocative testing; but with intact neurological motor strength and sensation throughout upper and lower extremities. Diagnoses included Cervical/ Thoracic/ Lumbar spondylosis without myelopathy; CTS; Wrists and hands tendinitis; and bilateral shoulder tendinitis and bursitis. The patient was placed on temporarily totally disability until 5/26/14. Report of 4/15/14 noted the patient has completed 5 physical therapy sessions with improved function, ADLs, and increased shoulder flexion range from 130 to 140 degrees. Exam showed diffuse decreased range in the cervical spine, lumbar spine, bilateral shoulders; and bilateral wrists without identifying neurological deficits. Peer review noted guidelines do not recommend more than 4 treatment modalities, especially including passive therapy of infrared/ electrical stimulation/ paraffin bath/ massage/ and chiropractic manipulation CPT codes billed in total per physical therapy visit, allowing each visit to focus and identify for functional outcome. Additionally, the request for PT exceeds the guidelines recommendation for length of treatment for diagnoses involved. The request for physical therapy 3x/week for 2 weeks to neck, lumbar, thoracic, and bilateral upper extremities was non-certified on 5/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for two weeks, neck, lumbar, thoracic, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request for physical therapy 3x/week for 2 weeks to neck, lumbar, thoracic, and bilateral upper extremities is not medically necessary and appropriate.