

Case Number:	CM14-0086194		
Date Assigned:	07/23/2014	Date of Injury:	07/25/1985
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery 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 claimant is an 81-year-old female injured in a work-related accident on July 25, 1985. A June 13, 2014, follow-up report documents chronic cervical and lumbar complaints, for which the claimant was diagnosed with cervical degenerative disc disease status post fusion and low back pain status post fusion. The report states that the claimant was recently denied a course of formal physical therapy based on clinical improvement. The report also states that the claimant continues to have neck and low back complaints, for which she has been receiving trigger point injections periodically. The claimant describes weakness, falls and balance issues. The records reference no imaging studies or the use of conservative care. This request is for 24 to 36 sessions of physical therapy in a 12-week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two to three (2-3) times a week for twelve (12) weeks: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, 24 to 36 sessions of continued physical therapy would not be supported in this case. In the chronic setting, The Chronic Pain Guidelines provide for nine to 10 sessions of physical therapy for the management of acute, symptomatic flare. In this case, there is no documentation of acute findings indicating an acute symptomatic flare, and the records state that the claimant has undergone numerous sessions and courses of physical therapy since the time of injury in the 1980s. Given the absence of acute findings and the fact that 36 sessions would exceed the Chronic Pain Guidelines, this request would not be established as medically necessary.