

Case Number:	CM14-0097634		
Date Assigned:	07/25/2014	Date of Injury:	03/20/2012
Decision Date:	09/26/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine 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:

There were 98 pages provided for review. The application for independent medical review was signed on June 17, 2014. It was for physical therapy for the thoracolumbar spine. Per the records provided, this patient is described as a 73-year-old individual who was injured on March 20, 2012 when he fell on the stairs while exiting a bus. He has had medicines and psychotherapy. There is no documentation of previous physical therapy treatments or outcomes of such in the two years post injury. The MRI of the cervical spine from December 27, 2012, documented that there was a C3-C4 a posterior disc bulge measuring 1 to 2 mm in size without spinal canal stenosis or neuroforaminal narrowing. At C4-C5, there was posterior disc bulging measuring 1 to 2 mm in size. There were other degenerative changes and osteophyte formation at various levels. The PR-2 from May 20, 2014 noted that the patient was permanent and stationary. The patient complained of memory loss especially short-term and when multitasking as well as headaches. There were work restrictions of no commercial driving and no climbing ladders. The provider recommended a course of physical therapy and a TENS unit trial. The patient was diagnosed with status post concussion with posttraumatic headaches, posttraumatic dizziness and posttraumatic cognitive dysfunction. The claimant is diagnosed with a thoracic spine strain that occurred in 2012. As of May 20, 2014, the patient status was unchanged. He had not had a flare or documentation of improvement. There is no mention of the claimant's prior treatment and the response to past therapy is not known. The TENS unit trial for one month was certified. They also certified the follow-up with neurology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the thoracolumbar spine (2 x 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) (updated 06/10/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified, 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy, 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. As such, this request is not medically necessary.