

Case Number:	CM14-0181329		
Date Assigned:	11/24/2014	Date of Injury:	04/24/2007
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/01/2014

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 Emergency 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:

This 63 year old male was injured on 04/27/2007 while being employed. He complained of neck, back, upper extremity and lower extremity pain. On physical exam by his physician on 10/15/2014 he continued to complain of neck, back, upper extremity and lower extremity pain. Documentation also notes numbness and tingling in fingers on left hand. The injured worker has had difficulty lifting left foot during ambulation, despite utilizing his cane for assistance since his last course of physical therapy. He completed 6 sessions of physical therapy with no evidence of functional improvement noted. During physical exam he was noted to be in pain and tearful, antalgic gait, using single point cane for assistance, normal muscle tone and strength without atrophy in all extremities was noted. His past medical history includes a laminotomy at C3 and C4 with posterior fusion C2-C5. He was diagnosed as a quadriplegic at the time of presentation when injury occurred due to a hyperextension injury. He underwent inpatient rehabilitation. He developed a pseudomeningocele requiring the insertion of a lumbar drain. Per documentation the injured worker has not been able to work since injury and is "permanent and stationary". Treatment plan from 10/15/2014 provider visit included 6 additional physical therapy sessions, GI consultation, psychological consultation, medication and follow up care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested Physical therapy 6 sessions cervical spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has chronic pain. The treating physician has documented normal muscle tone and strength without atrophy in all extremities. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to dynamic home exercise program. The criteria noted above not having been met, Physical therapy 6 sessions cervical spine is not medically necessary.