

Case Number:	CM14-0190166		
Date Assigned:	11/21/2014	Date of Injury:	02/11/2014
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 is a patient with a date of injury of February 11, 2014. A utilization review determination dated October 15, 2014 recommends noncertification of physical therapy. Modified certification of physical therapy was recommended to allow therapy for the cervical spine but not the lumbar spine, since the patient had previously undergone therapy for the lumbar spine with worsening of symptoms and had not undergone physical therapy for the cervical spine previously. A progress report dated April 22, 2014 includes subjective complaints stating that the patient was diagnosed initially with lumbar spine sprain/strain and was given medication and therapy which was not improving his condition. A progress report dated May 13, 2014 states that the patient has not been improving despite conservative treatment. A consultation dated August 4, 2014 states that the patient underwent a course of physical therapy for his lower back twice a week for one month without relief of symptoms. The patient indicates that the physical therapy aggravated his symptoms. The note goes on to state that the patient denies having received medical treatment for the injury of his head. Current complaints include right hand numbness and tingling, low back pain, and right leg pain with numbness and tingling. Objective examination findings revealed tenderness to palpation around the cervical paraspinal muscles, slightly reduced cervical spine range of motion with pain, tenderness to palpation in the lumbar spine, significantly reduced lumbar spine range of motion, decreased sensation in the C7 and C8 dermatomes on the right, and normal strength in the upper and lower extremities. Diagnoses include cervical sprain/strain, lumbar sprain/strain, right wrist sprain/strain, carpal tunnel syndrome, and cervical radiculopathy. The treatment plan recommends topical creams, physical therapy for the cervical spine, lumbar spine, and right wrist, x-rays of the cervical spine and lumbar spine, and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 4wks Cervical/ Lumbar/ Right Wrist: 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 (ODG), Neck & Upper Back (updated 08/04/2014), Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Low Back Chapter, Physical Therapy, Forearm, Wrist, & Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that physical therapy is being requested for the lumbar spine, cervical spine, and right wrist. Unfortunately, there is documentation that the patient had no improvement from previous physical therapy provided for the lumbar spine. Therefore, additional therapy for the body part would not be supported by guidelines. An initial trial of therapy may be indicated for the cervical spine and wrist. However, the currently requested number of sessions exceeds the number recommended by guidelines as a trial for those body parts. Unfortunately, there is no provision to modify the current request. As such, the currently requested physical therapy is not medically necessary.