MAXIMUS Federal Services

Case Number:	CM14-0195213		
Date Assigned:	12/02/2014	Date of Injury:	05/03/2009
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 63 year old male who had a date of work injury 5/3/09. The diagnoses include cervical intervertebral disc without myelopathy, disorder of bursae and tendons in shoulder region, unspecified internal derangement of the knee. Under consideration is a request for physical therapy 2 times a week for 6 weeks. There is a 10/27/14 appeal of denials for the request for treatment services. The document states that an MRI dated 6/21/14 found L4-5 disc herniation, bilateral neural foraminal narrowing affecting the exiting L4 nerve roots, C7-T1 disc protrusion and bilateral neural foraminal stenosis affecting C8 nerve roots. The document states a 10/8/14 visits revealed that the patient had pain in his head with radiation to his arms and pain in his low back with radiation to his legs. His pain was associated with numbness and tingling in his hands and feet. He reported hand weakness. His pain was a 9/10. He was losing urine. There was a positive Tinel's sign, positive Phalen's sign and positive straight leg raise seated and supine. His diagnoses were cervical intervertebral disc without myelopathy and cervical radiculitis. There was a recommendation for a lumbar epidural steroid injection at L4-5 and cervical epidural steroid injection at C7-T1. There was an orthopedic evaluation request for the right knee due to worsening symptoms and altered gait. There was physical therapy request for low back and neck due to worsening symptoms. It was noted he has been working with a physician to obtain authorization for lumbar surgery. Prior UR review dated 10/16/14 denied the cervical and lumbar epidural steroid injections and also the physical therapy as this was requested to be done in conjunction with the requested epidural steroid injections which are non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Low Back

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

Decision rationale: Physical therapy 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommends up to 10 visits of therapy for this condition. The documentation indicates that the patient has had prior physical therapy in the past . The documentation indicates that the physical therapy was ordered in conjunction with the epidural steroid injections which were denied therefore the physical therapy is not necessary. Additionally,the patient should be well versed in a home exercise program at this point and the request as written does not indicate a body part for the therapy. and also exceeds the recommended visits of up to 10 sessions for this condition. The request for physical therapy 2 times a week for 6 weeks is not medically necessary.