

Case Number:	CM14-0197498		
Date Assigned:	12/05/2014	Date of Injury:	04/03/2014
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 & Rehabilitation 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 58 year-old patient sustained an injury on 4/3/14 while employed by [REDACTED]. Request(s) under consideration include physical therapy 2 times a week for 8 weeks for the SI joint and cervical spine. Diagnoses include cervical sprain/strain and right SI joint/ sacroiliitis. MRI of the cervical spine dated 5/15/14 showed multilevel disc complex with stenosis and right foraminal narrowing at C3-4 and C5-6. EMG/NCS study on 8/19/14 showed normal findings without electrophysiological evidence for radiculopathy or nerve denervation/entrapment. Physical therapy report of 7/22/14 indicated the patient has received 16 visits to the SI joint and neck and report of 7/29/14 noted the patient has only attended 3 of those 16 proposed visits. Report of 10/22/14 from the provider noted the patient with chronic ongoing right buttock pain radiating to right thigh with associated numbness and tingling; limited neck range with muscle spasm and headaches/blurred vision with tingling and numbness in the cervical region as well as weakness of the arms; significant SI joint inflammation with signs/symptoms of radiculitis/radiculopathy. Exam showed unchanged limited spinal range with spasm, normal shoulder range; noted Phalen's and Tinel's; unspecified weakness in arms with weak grip; and positive SI joint thrust. The request(s) for physical therapy (PT) 2 times a week for 8 weeks for the SI joint and cervical spine was modified for 7 visits on 11/6/14 citing guidelines criteria and lack of medical necessity.

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 8 weeks for the SI joint and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This 58 year-old patient sustained an injury on 4/3/14 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 Times a Week for 8 Weeks for The SI Joint and Cervical Spine. Diagnoses include cervical sprain/strain and right SI joint/ sacroiliitis. MRI of the cervical spine dated 5/15/14 showed multilevel disc complex with stenosis and right foraminal narrowing at C3-4 and C5-6. EMG/NCS study on 8/19/14 showed normal findings without electrophysiological evidence for radiculopathy or nerve denervation/entrapment. Physical therapy report of 7/22/14 indicated the patient has received 16 visits to the SI joint and neck and report of 7/29/14 noted the patient has only attended 3 of those 16 proposed visits. Report of 10/22/14 from the provider noted the patient with chronic ongoing right buttock pain radiating to right thigh with associated numbness and tingling; limited neck range with muscle spasm and headaches/blurred vision with tingling and numbness in the cervical region as well as weakness of the arms; significant SI joint inflammation with signs/symptoms of radiculitis/radiculopathy. Exam showed unchanged limited spinal range with spasm, normal shoulder range; noted Phalen's and Tinel's; unspecified weakness in arms with weak grip; and positive SI joint thrust. The request(s) for Physical Therapy 2 Times a Week for 8 Weeks for The SI Joint and Cervical Spine was modified for 7 visits on 11/6/14. It appears the patient had at least 10 PT visits. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 Times a Week for 8 Weeks for The SI Joint and Cervical Spine is not medically necessary and appropriate.