

Case Number:	CM14-0198723		
Date Assigned:	12/09/2014	Date of Injury:	07/01/2012
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal 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:

The injured worker (IW) is a 70-year-old man with a date of injury of July 1, 2012. The mechanism of injury was not documented in the medical record. The current diagnoses are lumbar disc syndrome; right knee sprain/strain; right shoulder rotator cuff syndrome; left shoulder rotator cuff syndrome; right knee meniscal tear; Grade I anterolisthesis; cervical spine stenosis; and anterolisthesis of C3 over C4. Pursuant to the progress note dated August 18, 2014, the IW was attending physical therapy (PT) 3 times a week, and there was no change in his pain complaints. It is unclear as to how many PT sessions the IW had completed at that time. There was no documentation of objective physical improvement associated with the current PT. According to the IW, there was weakness in the right lower extremity. The IW also complains of elbow pain, lumbar pain, thoracic pain, neck pain, and right knee pain rated 5/10. Physical examination noted gait was guarded and there was a normal posture identified. Tenderness to palpation (TTP) of the cervical spine is reported with slight decreased range of motion (ROM) is noted. TTP of the lumbar spine is also identified with a decreased ROM. Multiple medications were dispensed. The current request is for 8 PT sessions to the cervical spine, as an outpatient between 11/3/14 and 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical therapy sessions to the cervical spine, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, eight physical therapy sessions to the cervical spine, as an outpatient are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. See the Official Disability Guidelines for the specific frequency and duration referencing specific disease states. In this case, the injured worker's diagnoses are lumbar disc syndrome; right knee sprain/strain; right shoulder rotator cuff syndrome; left shoulder rotator cuff syndrome; right knee meniscal tear; Grade I anterolisthesis; cervical spine stenosis; and anterolisthesis of C-3 over C4. A review of the documentation shows an August 18, 2014 progress note that states physical therapy was in progress, however, the injured worker had no pain relief. There is no documentation reflecting objective functional improvement (from the treating physical therapist or treating physician) over the treatment. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, the request for eight physical therapy sessions to the cervical spine as an outpatient is not medically necessary.