

Case Number:	CM14-0198860		
Date Assigned:	12/09/2014	Date of Injury:	06/01/1993
Decision Date:	01/21/2015	UR Denial Date:	10/31/2014
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 New York. 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 62 year old male drywall superintendent with a date of injury of 06/01/1993. He sustained continuous trauma injuries to his neck, back and both wrists. He stopped work in 11/1993. He had carpal tunnel surgeries. He had a MRI of the lumbar spine on 08/13/2002 and of the cervical spine on 03/02/2007 that revealed degenerative changes. On 03/29/2007 he had neck and back pain. On 04/27/2007 it was noted that he had multiple courses of physical therapy and treatment. He stood erect with normal lumbar lordosis. Gait was normal. He had decreased lumbar and cervical range of motion. Straight leg rising was negative. Spurling test was negative. He was 6 feet tall and weighed 310 pounds. Hand grip was normal. On 06/12/2007 he noted that he previously lost weight to 260 pounds with an exercise program. On 02/07/2008 he noted that he had physical therapy prior to the carpal tunnel surgeries and also for his back/neck. In 2002 he had a lumbar rhizotomy and in 08/2007 he had a cervical rhizotomy. He continued physical therapy and chiropractic care. He has a past history of cervical fusion C2-T1 and of L4-L5 decompression. He had physical therapy prior to and after these procedures. He had physical therapy in 2012 and from 12/2013 to 05/2014. There was a physical therapy note date 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165-188, 287-316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS, ACOEM Chapter 12 Low Back Complaints and Chapter 8 Neck Complaints provide for a few physical therapy visits for education of a home exercise program. This patient has completed months of physical therapy and by this point in time relative to the date of injury should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program. Also the requested additional 18 physical therapy visits exceeds the maximum physical therapy visits allowed in MTUS Guidelines on chronic pain & physical medicine. Therefore, the request for additional physical therapy is not medically necessary.