

Case Number:	CM14-0200665		
Date Assigned:	12/24/2014	Date of Injury:	05/29/2008
Decision Date:	01/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 58 year old male who sustained a work related injury on May 29, 2008 while working as a deputy sheriff. The mechanism of injury was not provided. Work status was permanent and stationary. The most current documentation dated October 9, 2014 notes that the injured worker reported ongoing and worsening neck pain. The injured worker requested going back to physical therapy for the neck pain. The injured worker had attended physical therapy previously and felt it was beneficial. The documentation notes that no physical examination was performed due to a lack of time. The injured worker was noted have a gait disturbance. His pain level was noted to be five out of ten on the Visual Analogue Scale. Diagnoses include cervicalgia, thoracic and lumbar radiculitis, lumbosacral spondylosis and lumbago. A physical therapy report dated October 17, 2014 notes that the injured worker presented with low back and neck discomfort. He denied any radicular symptoms, but had very intermittent paresthesia into the planter aspect of the feet. The injured worker was noted to have good cervical mobility, but limited lumbar and hip mobility. He had left greater than right weakness into his thigh and hip rotators and moderate hypo-mobility into the thoracolumbar junction, which improved with joint mobilizations to the area. A home exercise program was initiated. No other prior physical therapy documentation was submitted for review. The treating physician requested physical therapy for the cervical spine three times a week for six weeks. Utilization Review evaluated and denied the request for physical therapy to the cervical spine on October 28, 2014. Utilization Review denied the request due to lack of an objective physical examination findings and lack of documentation of functional deficits which may be improved with physical therapy. Therefore, medical necessity of the request is not established. MTUS Chronic Pain Medical Treatment Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Physical Therapy for the cervical (3x6): Upheld

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

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

Decision rationale: This is a 58 year old male who sustained a work related injury on May 29, 2008 while working as a deputy sheriff. Diagnoses include cervicalgia, thoracic and lumbar radiculitis, lumbosacral spondylosis and lumbago. Work status was permanent and stationary. A physical therapy report dated October 17, 2014 notes that the injured worker presented with low back and neck discomfort. He denied any radicular symptoms, but had very intermittent paresthesia into the planter aspect of the feet. The injured worker was noted to have good cervical mobility, but limited lumbar and hip mobility. He had left greater than right weakness into his thigh and hip rotators and moderate hypo-mobility into the thoracolumbar junction, which improved with joint mobilizations to the area. A home exercise program was initiated. No other prior physical therapy documentation was submitted for review. The treating physician requested physical therapy for the cervical spine three times a week for six weeks. 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 functional 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 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 18 sessions of Physical Therapy for the cervical (3x6) is not medically necessary and appropriate.