MAXIMUS Federal Services

Case Number:	CM14-0202959		
Date Assigned:	12/15/2014	Date of Injury:	07/06/1999
Decision Date:	03/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 male patient with dates of injury July 05, 1996, and July 09, 1999. There was no narrative description of the mechanism of injuries found within the supporting documentation. A primary treating physician visit note dated 08/20/2014 reported subjective complaints of persistent right shoulder pain which radiated to the cervical spine and is associated with stiffness and popping on movement. The patient reports feeling unstable in the cervical spine. He is also noted with complaint of lumbar spine pain over the bilateral sacroiliac joints. The pain is reported as partially relieved with medications and compound creams. Physical examination found bilateral shoulder's positive for AC joint tenderness, Neer's, Hawkin's, and O'brien's testing. Noted with well healed incisions and positive tenderness upon palpation over the bilateral sacroiliac joints. The plan of care involved continuing with prescribed medications, CT scan of lumbar spine to assess degree of effusion, cervical spine radiography to assess degree of effusion, physical therapy twice weekly for 3 months and lumbar spine brace for support. The following primary treating visit dated 09/26/2014 described the patient as temporarily totally disabled and prescribed the following medications; Anaprox DS, Norco, Prilosec, Ultram ER, Colace and compound cream containing Cyclobenzaprine and Tramadol. He is diagnosed with; cervical discopathy with disc displacement status post cervical fusion, bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, lumbar discopathy with disc displacement status post lumbar fusion, mood disorder and bilateral sacroiliac arthropathy. A request for services was made 11/12/2014 asking for physical therapy 24 outpatient session treating the

lumbar spine. The Utilization Review denied the services on 11/19/2014 as not meeting medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Physical Therapy for the Lumbar Spine, twice a week for the next three months for a total of 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low back section, physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 24 physical therapy sessions to the lumbar spine two times per week for three months (24 sessions) is 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). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker?s working diagnoses are cervical discopathy with disc displacement, status post cervical fusion; bilateral CTS; bilateral shoulder impingement syndrome; lumbar discopathy with disc displacement, status post lumbar fusion; mood disorder; and bilateral sacroiliac arthropathy. The injured worker has subjective complaints of bilateral shoulder pain radiating to the cervical spine. The injured worker has pain in the lumbar spine, specifically in both SI joints. Pain radiates down both lower extremities with numbness and tingling. Objectively, the physical examination shows lumbar spine tenderness to palpation. Motor strength was normal. The treating physician is requesting 24 sessions of physical therapy. The documentation does not contain evidence of prior physical therapy. It is unclear whether the injured worker received prior physical therapy. There are no physical therapy notes in the medical record and there was no objective functional improvement documented in the medical record as a result of fire. The guidelines indicate patients should be formally assessed after a six visit clinical trial for objective functional improvements. Consequently, absent clinical documentation indicating whether the injured worker received prior physical therapy and/or a six visit clinical trial followed by a formal assessment set forth by the guideline recommendations, 24 physical therapy sessions to the lumbar spine two times per week for three months (24 sessions) is not medically necessary.