

Case Number:	CM14-0203680		
Date Assigned:	12/16/2014	Date of Injury:	09/05/2012
Decision Date:	02/03/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 is a 54 year old male who sustained a work related injury on 09/05/2010. The mechanism was not documented in the clinical records submitted for review. Diagnoses consist of cervical and lumbar disc herniations, right shoulder strain, post knee arthroscopy, bilateral carpal tunnel releases, and blunt head trauma with cognitive changes, anxiety and depressive illness. According to the clinical records submitted in this review, the injured worker continues to have complaints of increased neck and low back pain and memory loss and not being able to retain information. Treatments have included physical therapy, laboratory testing, and medication. This is a request for decision for Physiotherapy 1x6 to the cervical. On 09/19/2014 the evaluating physician requested the above mentioned service due to the injured worker continues to be symptomatic for months. On 10/31/2014 Utilization Review non-certified the Physiotherapy 1x6 to the cervical services requested. The CA MTUS guidelines were not established, in this case indication of how many sessions of therapy this injured worker has already undergone, directions, goals, or expectation for the cervical physical therapy were not submitted for review. In addition the mechanism of injury was not documented occurred over y4 years ago. The clinical records submitted did not include functional improvement from previous therapy or documentation that the injured worker was not able to complete therapy in a home exercise program. Therefore, the Physiotherapy 1 x 6 to Cervical was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 1 times 6 to the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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

Decision rationale: 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 physiotherapy (PT) treatment already rendered including milestones of increased range of motion (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 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 2010 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 physiotherapy 1 times 6 to the cervical is not medically necessary and appropriate.