MAXIMUS Federal Services

Case Number:	CM14-0205800		
Date Assigned:	12/17/2014	Date of Injury:	06/04/2009
Decision Date:	03/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old female with an injury date of 06/04/09. Based on the 11/07/14 progress report provided by treating physician, the patient complains of neck pain that radiates into the left rhomboid region and down the left shoulder. Patient is status post 2 cervical spine and one right shoulder surgery. Physical examination to the lumbar spine on 09/12/14 and 11/07/14 revealed normal range of motion. Patient's medications include Tramadol, Neurontin, Zanaflex, Voltaren gel and Celebrex. Treater states in progress report dated 11/07/14 that patient "is able to maintain her household with the medications." Treater states in progress report dated 11/07/14 that he has encouraged patient "to continue performing the stretching and strengthening exercises taught during physical therapy in order to help maintain strength and flexibility." The patient is disabled.Diagnosis 09/12/14, 11/07/14- Degenerative disc disease, cervical,- Facet arthropathy, cervical,- shoulder painThe utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 04/11/14 - 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 10 visits, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX low back

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

Decision rationale: The patient presents with neck pain that radiates into the left rhomboid region and down the left shoulder. The request is for PHYSICAL THERAPY TIMES 10 VISITS, LUMBAR. Patient is status post 2 cervical spine and one right shoulder surgery. Patient's medications include Tramadol, Neurontin, Zanaflex, Voltaren gel and Celebrex. Treater states in progress report dated 11/07/14 that patient "is able to maintain her household with the medications." The patient is disabled.MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Treater states in progress report dated 11/07/14 that he has encouraged patient "to continue performing the stretching and strengthening exercises taught during physical therapy in order to help maintain strength and flexibility." Treater has not provided reason for the request nor treatment history. As it appears, patient has not had physical therapy to the lumbar spine. However, physical examination to the lumbar spine on 09/12/14 and 11/07/14 revealed normal range of motion. Furthermore, there is no diagnosis pertaining to the lumbar spine in provided medical records, to warrant physical therapy. Therefore, the request IS NOT medically necessary.