

Case Number:	CM14-0206638		
Date Assigned:	12/18/2014	Date of Injury:	03/21/2013
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This patient sustained an injury on 3/21/13. Request(s) under consideration include Physical therapy for the cervical spine. Diagnoses include Cephalgia; cervical spine strain/sprain/ HNP C6-T1 with radiculitis/radiculopathy; and s/p left knee ACL reconstruction with hardware removal with history of pulmonary embolism. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/7/14 from the provider noted the patient with chronic ongoing cervical spine pain with associated numbness and tingling in arms down to hands; upper back pain; and left shoulder pain. Exam showed unchanged findings of cervical spine with decreased range of flex/ext/bending of 40/50/25 degrees; TTP at paraspinals; spasm and positive Spurling's test. Treatment included cervical epidural steroid injections at C6-7 and C7-T1. It was noted the patient was refractory to medications, physical therapy, and rest. The patient remained temporarily totally disabled. The request(s) for Physical therapy for the cervical spine was non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, July 2012, Cervical Spine Section, PT

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 physical therapy 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 work 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 physical therapy 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 request for physical therapy for the cervical spine is not medically necessary and appropriate.