

Case Number:	CM14-0209482		
Date Assigned:	12/22/2014	Date of Injury:	09/27/2012
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records the patient is a 51-year-old male driver of a sweeping truck who sustained an industrial injury on September 27, 2012. On the date of the injury the patient was standing outside of this sweeping truck at which time the truck was hit by a car. Due to the impact, the truck jerked sideways and struck the patient's legs. This resulted in the patient falling onto his back onto the sidewalk. The patient is diagnosed with cervical and lumbar sprain strain. Treatment to date has consisted of medications and physical therapy. The patient presented for a physical therapy session on October 24, 2014 at which time it is noted that he has completed six sessions of physical therapy. The patient reports 50% improvement and would like to continue with therapy. Physical examination reveals flexion has increased to 15 from 12, extension has increased to 7 from 6, bilateral lateral flexion has increased to 10 from 5, and bilateral rotation has increased to 45 from 15. Current pain level is rated 7/10. Pain at best is 6/10 and at worst is 9-10/10. Request was made for an additional six sessions of physical therapy. Utilization review was performed on November 25, 2014 at which time the request for additional physical therapy was noncertified. The MTUS guidelines were cited and was noted that the number of requested visits on top of the previous therapy sessions is in excess of the recommendation of the referenced guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 3 wks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 sessions of physical therapy for myalgia and myositis, neuralgia, neuritis, and radiculitis. In this case, the patient has completed six sessions of physical therapy treatments to date and is reporting improvements. The request for an additional six sessions of physical therapy treatments in addition to the six completed would exceed the number of sessions recommended by the guidelines. At this time, the patient should be well instructed in a home exercise program to consist of stretching, strengthening, and range of motion exercises to address the remaining deficits. The request for an additional six sessions of physical therapy treatments for the cervical and lumbar spine is not established.