

Case Number:	CM14-0210499		
Date Assigned:	12/23/2014	Date of Injury:	02/24/2009
Decision Date:	04/21/2015	UR Denial Date:	11/19/2014
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 39 year old female who sustained an industrial injury on 02/24/2009 and 09/20/2007 - 05/20/2009. She presented on 11/10/2014 with complaints of low back and neck pain. She was also complaining of bilateral wrist pain associated with weakness and tingling sensation. Treatment to date includes chiropractic treatment 8 sessions and 8 sessions of acupuncture, IF 4 unit, epidural injection, MRI and medications. Physical exam noted tenderness to palpation of the cervical, lumbosacral spine and bilateral wrists. Diagnoses included chronic musculoligamentous stretch injury, cervical spine, thoracic spine and lumbar spine, bicipital tendinitis, right and bilateral carpal tunnel syndrome. Treatment plan included physical therapy 2 times a week for 4 weeks to neck, upper and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 weeks (neck, upper and lower back): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 287-315 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy; Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis; 9 visits over 8 weeks Sprains and strains of neck; 10 visits over 8 weeks. The patient is over 5 years post injury and should be familiar with a home exercise program. In addition, the patient has already completed physical therapy, chiropractic care and acupuncture. In 2014, a prior reviewer had denied a second course of physical therapy. As such, the request for Physical therapy 2 x 4 weeks (neck, upper and lower back) is not medically necessary.