

Case Number:	CM15-0000524		
Date Assigned:	01/12/2015	Date of Injury:	05/19/2014
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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 injured worker is a 48 year old male, who sustained a work/ industrial injury on 5/19/14 due to cumulative trauma related to opening and closing heavy metal doors. He has reported symptoms of left neck, lumbar, and shoulder pain with limited range of motion. The diagnoses have included strain to left shoulder-adhesive capsulitis. Treatment to date has included medications (Ibuprofen), back support, physical therapy, and chiropractic therapy. There was prior certified physical therapy (12 visits) for the cervical and lumbar spine. Injections were minimally effective. Diagnostic studies included cervical spine x-rays noting spondylosis at levels C5-C7 and to a lesser extent at levels C3-4. The lumbar spine x-ray noted multilevel spondylosis at levels T12- L1 and L3-4, L2-3, and L1-2. Electrodiagnostic study revealed entrapment neuropathy of the ulnar nerve across the left elbow. Magnetic Resonance Imaging (MRI) study of the lumbar spine documented dextroscoliosis of the lower lumbar spine. At L3-4 there was a posterior protrusion or bulge with no annular tear and fissure. At L5-S1 there was a posterior protrusion or bulge without tear or fissure. Magnetic Resonance Imaging (MRI) of the cervical spine noted lordosis. Per physician's progress reports, the IW's condition did not improve after an injection. Range of motion had improved with physical therapy. However, tingling and numbness was still evident. Diagnosis was made for cervicalgia and lumbago. On 12/8/14 Utilization Review non-certified physical therapy 2 times week x 4 weeks for the cervical and lumbar spine, noting the CA Medical Treatment Utilization Schedule (MTUS), for lack of progress from prior treatments with ongoing persistent pain.

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 and lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 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 PT 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 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 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 Physical therapy for the cervical and lumbar spine, twice weekly for four weeks is not medically necessary and appropriate.