

Case Number:	CM15-0004910		
Date Assigned:	01/16/2015	Date of Injury:	11/20/2006
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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, Arizona

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 47-year-old male who reported an injury on 11/20/2006. The injury reportedly occurred when he stepped into a pothole and twisted his left ankle and subsequently fell down and struck his head. His diagnoses include chronic pain syndrome and intervertebral disc disorder with myelopathy related to the cervical region. His past treatments were noted to include medications, psychological treatment, assistive devices, orthotics, lumbar epidural steroid injections, lumbar facet injections, and previous physical therapy. The prior review dated 12/11/2014 indicated that the injured worker had undergone physical therapy for an unspecified area of his spine for an unspecified number of visits, as well as 12 sessions of physical therapy for the bilateral lower extremities. However, it is unclear whether previous physical therapy occurred to the cervical spine, the lumbar spine, or both and whether the injured worker had previously had physical therapy for the bilateral upper extremities. The injured worker was noted to have a history of anterior cervical discectomy and fusion in 2007 due to significant spinal cord compression at C5-6 and C6-7. Documentation also indicates that he was recently approved for 12 physical therapy sessions which included stretching exercises for his legs, sitting exercises, and marching exercises. It was reported that physical therapy of the spine had increased his ability to stand and use his upper body strength; however, he had not begun parallel bar walking during physical therapy due to his significant disability. Therefore, additional physical therapy for the cervical, lumbar, and bilateral upper and lower extremities was requested, to include parallel bar walking. The prior review indicated that a 12/01/2014 report had revealed that the injured worker continued to use a wheelchair for ambulation and required

extensive assist with transfers due to his extreme lower extremity spasticity. It was also noted that the injured worker was unable to stand independently. Reportedly, the physical examination revealed significant tenderness throughout the spine, decreased range of motion in the cervical spine to 20 degrees flexion, 35 degrees extension, 35 degrees right lateral bending, 20 degrees left lateral bending, and 80 degrees bilateral rotation. Additionally, the injured worker reportedly had decreased bilateral lower extremity strength to 3/5 throughout except on right ankle dorsiflexion which was decreased to 2/5. These findings were noted to be relatively unchanged compared to the prior evaluation dated 09/15/2014. Based on this and as additional physical therapy would exceed the recommended number of visits by guidelines, the requested physical therapy was found to be not medically necessary. Upon review of the submitted 09/15/2014 clinical report, physical examination findings included decreased range of motion in the cervical spine to 20 degrees flexion, 35 degrees extension, 35 degrees right lateral bending, 20 degrees left lateral bending, and 80 degrees bilateral rotation. This confirms the prior review statement indicating no change in range of motion with recent physical therapy. The motor strength testing on 09/15/2014 was also the same as was noted at his 12/01/2014 followup visit with 3/5 strength in all muscle groups except right ankle dorsiflexors which were 2/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions Cervical, Lumbar, BUE/BLE (w/parallel walking bar):
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 Neck & Upper Back; Low Back - Lumbar & Thoracic, Physical Therapy (PT)

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

Decision rationale: According to the California MTUS Guidelines, physical therapy for chronic pain may be recommended up to 10 visits for unspecified myalgia or unspecified radiculitis. Physical therapy is recommended to promote objective functional improvement for injured workers with deficits. The clinical information submitted for review failed to provide adequate documentation regarding the injured worker's previous physical therapy treatment, to include the total number of visits completed previously for the cervical spine, lumbar spine, bilateral upper extremities, and bilateral lower extremities. The prior determination letter indicated that a 12/01/2014 note failed to show any evidence of objective functional improvement with physical therapy from the time of his previous evaluation on 09/15/2014. Additional physical therapy was recommended to begin parallel bar walking for the injured worker. While the injured worker was noted to have significant functional deficits on 12/01/2014 by the prior review, this progress report was not provided to verify the noted findings. In addition, the noted findings failed to show any evidence of objective functional improvement with previous physical therapy. Therefore, continued visits would not be supported. In addition, the request for 12 sessions, combined with previous sessions, exceeds the recommendation for a maximum of 10 physical

therapy visits for injured workers with chronic pain. For the reasons noted above, the request is not medically necessary.