

Case Number:	CM15-0005220		
Date Assigned:	01/16/2015	Date of Injury:	11/22/2011
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on 11/22/2011. He has reported subsequent low back, neck, wrist and knee pain and was diagnosed with osteoarthritis of the knee, cervicalgia and lumbar degenerative disc disease with lumbar radiculitis. Treatment to date has included oral pain medication, epidural steroid injections and physical therapy. In a progress note dated 12/02/2014, the physician reported that the injured worker's pain was reported to have worsened. The pain was noted to be in the low back, radiating to the bilateral lower extremities with numbness and paresthesias that had also increased significantly. The injured worker reported new onset weakness and episodes of tripping. His physical medicine notes from 11/4/2014 report numbness in his hands and increased tension through scalenes and sternocleidomastoid. It was reported that he was benefiting from therapy at the beginning but overall has reduced range of motion at this point. he lacked an appropriate home exercise program and had stopped home cervical traction. His physical exam was positive for reduced motor strength in both upper extremities and tenderness in the erector spinae, levator scapula and upper trapezius. A request was made for 4 additional sessions of physical therapy of the neck. On 12/22/2014, Utilization Review non-certified a request for outpatient additional physical therapy for four sessions to the neck, noting that there was no documentation of functional improvement with prior physical therapy. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy for four (4) sessions to the neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine/Functional Restoration Approach to Chronic Pain.

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

Decision rationale: Per the MTUS, physical medicine is recommended with very specific guidelines allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, unspecified :9-10 visits over 8 weeks and for neuralgia, neuritis and radiculitis, unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that he has had 6 sessions of physical therapy and it is not unusual that he has some soreness from physical therapy. There is nothing in his current presentation that necessitates deviating from the guidelines, which recommend fading of treatment frequency and continuing with active self-directed home physical medicine. An additional 4 sessions of physical therapy to the neck is within guideline recommendations and it would be prudent to evaluate his home exercise program and fine tune it during these visits. Therefore a request for Physical Therapy for four sessions to the neck is medically necessary and appropriate for this injured worker.