

Case Number:	CM15-0009480		
Date Assigned:	01/27/2015	Date of Injury:	12/15/1999
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 an 80 year old female who sustained an industrial injury reported on 12/15/1999. She has reported falling onto her knees resulting in knee pain, left > right, due to lower extremity weakness and collapse with weight bearing. The diagnoses have included lumbosacral spondylosis without myelopathy; cervical spondylosis with radiculopathy; and neck pain; cervical spinal stenosis. Treatments to date have included consultations; diagnostic imaging studies; surgeries (5/14 & 10/14); rehabilitation/ physical therapy; wheel chair; home health aide; and medication management. The status classification for this injured worker (IW) was not noted. On 12/29/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/17/2014, for occupational therapy assessment and treatment. The Medical Treatment Utilization Schedule, chronic pain medical management, physical medicine, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Assessment and Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194 and 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy Neck and Upper Back, Physical Therapy, ODG Preface ? 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, Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request does not specify the duration or frequency of therapy visits. The provided documentation made no mention as to the progress, response or functional benefits to therapy as it pertains to this request. As such, the request for Occupational Therapy Assessment and Treatment is not medically necessary.