

Case Number:	CM15-0132952		
Date Assigned:	07/21/2015	Date of Injury:	05/28/2014
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old female who sustained an industrial injury on 05/28/2014 when she fell off a step-ladder. Initial evaluation was negative for acute pathology. The injured worker was diagnosed with cervical spondylosis with intermittent radiculopathy, cervicalgia, cervical degenerative disc disease and lumbar spine degenerative disc disease. Treatment to date has included diagnostic testing, physical therapy and medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker continues to experience neck pain radiating to the upper extremities and low back and leg pain. Examination of the cervical spine demonstrated painful range of motion with muscle spasm. Range of motion was noted at 15 degrees extension and bilateral rotation 45 degrees each. Sensation was decreased at C5 and C6 bilaterally. Evaluation of the lumbar spine demonstrated difficulty with ambulation and changing positions with restricted and painful range of motion. Guarding and muscle spasm were noted. Current medications are listed as Tylenol #3 and Aleve. Treatment plan consists of cervical epidural steroid injection and the current request for additional physical therapy for the cervical and lumbar spine twice weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical/Lumbar spine, 2 times wkly for 4 wks, 8 sessions: Upheld

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

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the documentation indicates that the patient had at least greater than 20 sessions of PT. The CPMTG specify that further PT is contingent on documentation of functional gains from prior PT. The MTUS defines functional improvement as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Since the functional outcome of prior PT is not directly addressed, the additional physical therapy as originally requested is not medically necessary.