

Case Number:	CM15-0133980		
Date Assigned:	07/22/2015	Date of Injury:	06/12/2006
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii

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 53-year-old male, who sustained an industrial injury on 8/12/2006. Diagnoses include cervicalgia with radiculopathy, compensatory myofascial pain, facet syndrome with radiofrequency rhizotomy and cervical stenosis. Treatment to date has included surgical intervention (left shoulder arthroscopy 8/13/2012 and lumbar radiofrequency rhizotomy, 4/01/2015) as well as conservative measures including physical therapy, and medications. Per the Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported neck pain and low back pain. Physical examination revealed tenderness to palpation of the paraspinal muscles and sub occipital tenderness was present. Extension and rotation was painful bilaterally, there was no crepitus and flexion was non-tender. The plan of care included additional physical therapy and authorization was requested for physical therapy (2x6) for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6wks; lumbar & cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the most recent records, the patient has ongoing neck and low back pain dating back to a 2006 injury. The current request is for Physical Therapy 2x6 weeks; lumbar and cervical spine. The treating physician states passive therapies followed by active strengthening, including the use of modalities such as TENS unit will be helpful. Physical Therapy 2x6 (12) for the patients cervical and lumbar spine are requested. The MTUS guidelines allow 8-10 therapy visits. In this case, there is a request for 12 sessions. Medical records indicated a peer review was completed on 5/11/15 modifying a request for 12 physical therapy visits to allow the patient two additional sessions of therapy for the patient to revisit transition into a home exercise program. In this case, the records do not reflect the number of physical therapy visits to date, or the patient's response to previous physical therapy sessions. Furthermore, the attending physician does not discuss why additional structured physical therapy sessions are indicated for a patient who was injured in 2006. There is no discussion of recent surgery, new injury, or exacerbation of the patient's condition. Without records indicating the number of sessions to date, the response to those physical therapy sessions or rationale for exceeding MTUS guidelines, the request is not medically necessary.