MAXIMUS Federal Services

Case Number:	CM15-0144317		
Date Assigned:	08/05/2015	Date of Injury:	02/04/2011
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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 28-year-old female, who sustained an industrial injury on February 4, 2011. Treatment to date has included home exercise program, physical therapy, and medications. Currently, the injured worker complains of ongoing headaches and feels these are right-sided and consistent with a migraine. On physical examination the injured worker has a decreased of cervical range of motion about 70-80% of normal and has limitations particularly with rotations. She had a negative Spurling's test and foraminal compression tests bilaterally and tenderness to palpation of the low back. The injured worker is able to forward flex to the level of her lower calf and she has negative bilateral straight leg raise signs. The evaluating physician noted that the injured worker had previous physical therapy but claimed that this physical therapy involved mostly her mid back. The diagnoses associated with the request include cervicothoracic strain, mild arthrosis, discopathy with mild central canal stenosis; possible migraine headaches, lumbosacral strain, arthrosis and discopathy; right carpal tunnel syndrome; and sleep disturbance. The treatment plan includes home exercise program, physical therapy for the cervical and lumbar spines, and neurology consultation for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week for 6 weeks for the cervical and lumbar spine: Upheld

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

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

Decision rationale: According to the 4-21-15 AME report, the patient has ongoing neck spasm and feels as though "the vertebra moves in her neck." There is pain radiating from her neck to her upper extremities with tingling in both arms. The attending physician recommends additional physical therapy directed at the cervical and lumbar spine, as any previous therapy was directed at the mid back. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. In this case, the records indicate that the patient has completed previous physical therapy with no improvement. There is no documentation of the number of previous visits and no documentation of functional improvement following the completion of the physical therapy sessions. Furthermore, the request exceeds the maximum number of physical therapy sessions recommended by the CA MTUS of up to 10 visits for myalgia and myositis. The argument that the previous physical therapy was directed at the wrong area of the spine does not appear reasonable. As such, the available documentation does not establish medical necessity for the request of an additional 12 physical therapy sessions.