

Case Number:	CM15-0161377		
Date Assigned:	08/27/2015	Date of Injury:	04/04/2013
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with an April 4, 2013 date of injury. A handwritten progress note dated June 30, 2015 documents subjective complaints (no changes in cervical spine, right shoulder, thoracic spine, bilateral elbows, bilateral wrists, or lumbar spine; medications are helpful), and current diagnoses (cervical spine sprain and strain with right radiculopathy and multilevel degenerative disc disease; status post right shoulder surgery; thoracic spine sprain and strain; lumbar spine sprain and strain with bilateral radiculitis and multilevel degenerative disc disease). The record noted no changes in the physical examination since May 14, 2015, but that document was not provided for review. Treatments to date have included medications, acupuncture, imaging studies, and physical therapy. The treating physician documented a plan of care that included four sessions physical therapy for the cervical spine, thoracic spine, lumbar spine, right shoulder, and bilateral elbows and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 2 weeks of the cervical, thoracic, lumbar, right shoulder, and bilateral elbows and wrists: Upheld

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

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

Decision rationale: The patient was injured on 04/04/13 and presents with cervical spine pain, thoracic spine pain, and lumbar spine pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 2 WEEKS OF THE CERVICAL, THORACIC, LUMBAR, RIGHT SHOULDER, AND BILATERAL ELBOWS AND WRISTS. There is no RFA provided and the patient is temporarily totally disabled. The utilization review letter states that the patient "had 20/20 visits of physical therapy (helped)." MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical spine sprain and strain with right radiculopathy and multilevel degenerative disc disease; status post right shoulder surgery; thoracic spine sprain and strain; lumbar spine sprain and strain with bilateral radiculitis and multilevel degenerative disc disease. Review of the reports provided do not indicate if the patient had any recent surgeries. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions specifically impacted the patient's pain and function besides that it "helped." Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 4 sessions of physical therapy in addition to the 20 the patient already has authorized exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.