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| Case Number: | CM15-0169488 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 05/23/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 5-23-2012. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having cervical radiculopathy. A recent progress report dated 8-7-2015, reported the injured worker complained of neck pain radiating to the right arm and low backache rated 3 out of 10. Another note in the same progress note stated left upper extremity pain. Pain without medications was rated 4 out of 10 in one location and 8+ out of 10 in another location. Physical examination revealed cervical and lumbar tenderness with restricted range of motion. Recent diagnostic studies were not provided. Treatment to date has included cervical epidural steroid injections, TENS (transcutaneous electrical nerve stimulation), 12 physical therapy sessions, Gabapentin, Omeprazole, Naproxen sodium and Flexeril. The physician is requesting Physical therapy 2 x 6 visits. On 8-17-2015, the Utilization Review non-certified the Physical therapy 2 x 6 visits due to lack of documentation of outcome of prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 12 physical therapy visits. The record does not detail the response to the physical therapy and does not describe the expected benefits of 6 x 2 more physical therapy sessions. The request for additional physical therapy sessions is not medically necessary.