

Case Number:	CM15-0185215		
Date Assigned:	09/25/2015	Date of Injury:	05/26/2015
Decision Date:	12/08/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 63 year old female who sustained an industrial injury on 05-26-2015. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain and strain. The injured worker has a medical history of diabetes mellitus and hypertension. According to the treating physician's progress report on 07-08-2015, the injured worker continues to have pain in the right trapezius described as mild and dull. The injured worker denied weakness, numbness and tingling of the arms and no neck motion restrictions or pain on movement. The injured worker reported headaches. Examination demonstrated no loss of cervical lordosis. There was full range of motion. Neck muscle tenderness of the right trapezius was present. No spasm was noted. Deep tendon reflexes, sensation and motor strength was intact in the bilateral upper extremities. Prior treatments have included physical therapy (6 of 6 sessions completed on 08-17-2015) and medications. Current medications were listed as Ultracet 37.5-325mg 1 tab 4 times a day as needed, Tramadol 37.5mg 1-2 tabs every 6 hours, Etodolac ER 600mg, Etodolac 300mg, Zofran and Orphenadrine. Treatment plan consists of additional physical therapy three times a week for 2 weeks to the cervical spine. On 09-11-2015 the Utilization Review determined the request for additional physical therapy three times a week for 2 weeks to the cervical spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x a week for 2 weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the patient has completed 6 PT sessions for the cervical spine with continued symptoms; however, clinical findings showed full cervical range, no spasm with intact motor, sensation, and DTRs. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further treatment beyond the sessions already rendered. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated necessity or indication to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that should have been transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The Additional physical therapy 3x a week for 2 weeks to the cervical spine is not medically necessary and appropriate.