MAXIMUS Federal Services

Case Number:	CM15-0186193		
Date Assigned:	09/28/2015	Date of Injury:	07/23/2014
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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 43 year old male, who sustained an industrial injury on 07-23-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for elevated blood pressure (with no previous history of hypertension), transient ischemic attack (TIA), gastritis, constipation, insomnia, headaches, stress and panic attacks. An initial evaluation (04-16-2015) indicated ongoing neck and shoulder pain and stiffness, and headaches. Pain levels were 3 out of 10 on a visual analog scale (VAS) at the lowest, 10 out of 10 at its worst, and current pain was noted as 6 out of 10. Symptoms were reported to be increased with reaching and lifting. This evaluation also indicated moderate limitations with activities of daily living, severe limitations with recreational activities, mild limitations with reaching, severe limitations with lifting, and inability to perform work duties. Per the treating physician's progress report (PR), the IW has not returned to work. The objective findings upon the initial exam (04-16-2015) showed tenderness of the cervical spine, shoulder and scapular regions, decreased cervical range of motion and decreased diffuse gross strength myotomes bilaterally. The physical exam, dated 06-10-2015, revealed an elevated blood pressure of 145/88, and tenderness at the base of the occiput. The remaining exam findings (including neck, heart, lungs and chest, abdomen, extremities and neurological) were within the defined limits. Relevant treatments have included psychological treatments, work restrictions, and medications. There was no indication of previous physical therapy treatments. The treatment plan on the exam (04-16-2015) shows a request for 6 sessions of physical therapy for cervical spine. The request for authorization was not available for review; however, the utilization review letter shows that the following therapy was requested: 6 sessions of physical therapy for the cervical spine (2x3). The original utilization review (09-11-2015) non-certified the request for 6 sessions of physical therapy for the cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy 2 times a week for 3 weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: 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 progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement 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 has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 6 Physical therapy 2 times a week for 3 weeks for cervical spine is not medically necessary and appropriate.