

Case Number:	CM15-0186618		
Date Assigned:	09/28/2015	Date of Injury:	02/21/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
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 55-year-old male with an industrial injury date of 02-21-2014. Medical records indicate he is being treated for cervical degenerative disc disease with chronic cervical strain primarily involving the left trapezius muscle flare up and thoracic myofascial pain involving the left scapula with flare up. Subjective complaints (04-27-2015) included neck pain over the left trapezius and shoulder blade area. He has difficulty working with his neck in an extended position. Work status (04-27-2015) is documented as with restrictions of no lifting more than 20 pounds and no overhead reaching or lifting until 05-30-2015. His medication (03-09-2015) included Gabapentin, Zanaflex and Tramadol. Prior medications included Hydrocodone. Prior treatments are documented as (03-09-2015) currently undergoing physical therapy and had finished 5 sessions. Other documented treatments included acupuncture (6 visits), Ibuprofen and Norco. Physical exam (04-27-2015) revealed range of motion in the cervical spine was restricted in bilateral torsion. There was myofascial tenderness noted over the left trapezius and left rhomboid muscles associated with trigger points. Other documented findings included full mobility in the shoulder joint and protraction and retraction of the scapulae was normal. The treatment note (04-27-2015) is the most recent physician note submitted. Other submitted notes include case management notes. On 09-28-2015, utilization issued the following decision for the requested treatment: Additional physical therapy x 6 to the cervical-thoracic spine was modified to additional physical therapy times 4 to the cervical-thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x6 to the cervical/thoracic 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: 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 February 2014 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 Additional physical therapy x6 to the cervical/thoracic spine is not medically necessary and appropriate.