

Case Number:	CM15-0188183		
Date Assigned:	09/30/2015	Date of Injury:	03/16/2010
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Emergency Medicine

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 57 year old male who sustained an industrial injury on 3-16-10. A review of the medical records indicates he is undergoing treatment for cervicgia, pain in thoracic spine, degeneration of cervical intervertebral disc with facet arthropathy, and degeneration of lumbar or lumbosacral intervertebral disc with facet arthropathy and radiculopathy. Medical records (2-10-15 to 8-10-15) indicate ongoing complaints of neck pain and low back pain. The physical exam (8-7-15) indicates limited and painful range of motion in the cervical and lumbar spine. The record indicates "tenderness and slight spasm". The 8-10-15 record reveals that the injured worker has "decreased range of motion at the lumbar area mostly due to the pain and spasm". He is noted to be walking with a cane. Effects on other activities of daily living are not included in the records. The records indicate urine toxicology screening to "monitor compliance" with pharmaceutical treatment. However, the reports are not included in the records. No other diagnostic studies are included in the records. Treatment has included medications per pain management, acupuncture, and a TENS unit. Physical therapy three times a week for four weeks is recommended. The request for authorization (8-12-15) includes 12 sessions of physical therapy. The utilization review (8-24-15) indicates modification of the request to 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times a week for four weeks, cervical spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 8-10 PT sessions for the diagnosis listed. Patient has already completed multiple prior sessions (total number was not documented). The provider requested an additional 12 sessions. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform a home exercise program or why additional sessions are necessary. This request alone would exceed maximum recommended sessions. Additional 12 Physical Therapy sessions is not medically necessary.