MAXIMUS Federal Services

Case Number:	CM15-0191917		
Date Assigned:	10/05/2015	Date of Injury:	11/29/2013
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, California
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 64 year old male, who sustained an industrial injury on November 29, 2013, incurring back and shoulder injuries. He was diagnosed with cervical degenerative disc disease, thoracic strain, lumbar strain and a right shoulder strain. Treatment included diagnostic imaging, pain medications, anti-inflammatory drugs, physical therapy and activity restrictions. Currently, the injured worker complained of persistent low, mid and upper back pain radiating to the neck, shoulders and down into the lower extremities. He described his pain as aching, burning and stabbing. He noted stiffness, muscle spasms, and numbness in the arms and forearms, weakness in the legs and sexual dysfunction. The injured worker complained of persistent insomnia and depression secondary to the chronic pain. He was unable to perform mobility related activities of daily living and required a cane or a wheelchair for ambulation. He noted balance abnormalities with frequent fall risks. The injured worker was not able to work. The treatment plan that was requested for authorization on September 29, 2015, included additional physical therapy two times a week for three weeks for the cervical, thoracic, lumbar spine and right shoulder. On September 15, 2015, a request for additional physical therapy was modified to three additional physical therapy sessions with transition to a home exercise program. Per the note dated 9/7/15, the patient had complaints of pain in lumbar, thoracic and cervical region at 4-5/10. Physical examination revealed limited range of motion and muscle stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 3 weeks for the cervical, thoracic, lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

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

Decision rationale: The guidelines cited below state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Additional physical therapy 2 times a week for 3 weeks for the cervical, thoracic, lumbar spine and right shoulder is not medically necessary or fully established for this patient.