

Case Number:	CM15-0194418		
Date Assigned:	10/13/2015	Date of Injury:	11/24/2014
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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 38 year old male with a date of injury on 11-24-2014. The injured worker is undergoing treatment for cervical strain, herniated nucleus pulposus at C5-6 and C6-7 and lumbar spine strain. A physician progress note dated 09-14-2015 documents the injured worker has continued neck and back pain with right upper extremity radiculopathy. He rates his pain as 8 out of 10 without medications and 4 out of 10 with medications. Physical therapy has been helpful. Medications help his pain and spasms. On examination there is positive cervical and lumbar tenderness. Muscle spasm is noted in the paraspinal musculature. Cervical spine range of motion is decreased by 20%, and lumbar spine range of motion is decreased by 10%. There is normal reflex, sensory and power testing to bilateral upper and lower extremities. He has completed 19 physical therapy visits. In a physical therapy noted dated 08-03-2015 the injured worker has reported a 60 to 75% improvement since starting therapy. He has continued with his HEP and has stated running his dog 4-5 times a week. Pain has decreased in his cervical and lumbar spine. His right hand still becomes numb from the wrist down but not as severe as before. He has improvement with right cervical spine range of motion and is able to lift 40 pounds. He is working modified duty. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, trigger point injections, chiropractic sessions, and use of a Transcutaneous Electrical Nerve Stimulation unit. X-rays of the cervical spine done on 04-15-2015 revealed reversal of normal lordosis. A Magnetic Resonance Imaging of the cervical spine done on 05-02-2015 revealed reversal of lordosis and disc bulge at C5-6 and C6- 7. Medications include naproxen, Flexeril and Ultram. The Request for Authorization dated 09-

15-2015 includes Additional physical therapy for cervical spine 2 times 4 and additional physical therapy for the lumbar spine 2 times 4. On 09-22-2015 Utilization Review non-certified the request for Additional physical therapy for cervical spine 2 times 4 and additional physical therapy for the lumbar spine 2 times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for cervical spine 2 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Review indicates the patient has completed at least 19 PT visits with continued symptom complaints. 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 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 for cervical spine 2 times 4 is not medically necessary or appropriate.

Additional physical therapy for the lumbar spine 2 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed

by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self- directed home program. The patient has completed at least 19 PT visits; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Additional physical therapy for the lumbar spine 2 times 4 is not medically necessary or appropriate.