

Case Number:	CM15-0205583		
Date Assigned:	10/22/2015	Date of Injury:	01/09/2014
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on 1-9-2014. She reported a fall with injury to the neck, bilateral shoulders, and lower extremities. Diagnoses include post-concussion syndrome, neck pain, cervical radiculopathy, bilateral shoulder pain, low back pain with sciatica, chronic pain syndrome, depression, cervical disc herniation, and bilateral knee pain. Treatments to date include activity modification, medication therapy, and at least twenty (20) physical therapy sessions. The physical therapy evaluation and daily treatment note dated 9-24-15, indicated some improvement and that "Physical therapy was helping"; however, there was not improvement in upper and lower extremity strength, or "mildly improved" from the last re-assessment. On 10-1-15, she complained of no change in the neck pain, headaches, and vertigo. The physical examination documented cervical tenderness and decreased range of motion. The plan of care included additional physical therapy sessions. The appeal requested authorization for eighteen (18) physical therapy sessions for the neck, back, knees, and shoulder. The Utilization Review dated 10-7-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Neck, Back, Knees, Shoulder, QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the neck, back, knees and shoulder #18 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are post concussion syndrome; history of headaches; neck pain; cervical radiculopathy bilateral; bilateral shoulder pain; low back pain with sciatica; chronic pain syndrome; depression/anxiety; C5 - C6 disc herniation with C6 radiculopathy; bilateral knee pain and possible osteoarthritis. Date of injury is January 9, 2014. Request for authorization is September 30, 2015. The documentation contains multiple progress notes addressing multiple sites. According to a physical therapy progress note dated September 22, 2015, the worker is receiving physical therapy session #13. The total number of physical therapy sessions dating back to January 2014 is not specified. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The treating provider is requesting an additional 18 sessions. There is no documentation demonstrating objective functional improvement by the treating provider. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation specifying the total number of physical therapy sessions to date and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy to the neck, back, knees and shoulder #18 sessions is not medically necessary.