

Case Number:	CM15-0028673		
Date Assigned:	02/20/2015	Date of Injury:	01/16/2014
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey

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 35 year old male, who sustained an industrial injury on 1/16/2014. The diagnoses have included herniated nucleus pulposus C5-6. Treatment to date has included conservative measures, including physical therapy. Magnetic resonance imaging of the cervical spine, dated 8/05/2014, noted degenerative changes, greatest at C5-6. Currently, the injured worker complains of increased cervical pain and discomfort. Current medications included Ibuprofen and Neurontin. The injured worker was documented as completing 7/8 physical therapy sessions, with some relief, helping pain and increasing function. Cervical exam noted tenderness to palpation in the left parascapular area. The objective findings were handwritten and somewhat illegible on the PR2 report, dated 1/06/2015. A home traction unit and additional physical therapy was requested. Physical therapy notes, including the number of completed sessions and results of treatment were not noted. On 1/21/2015, Utilization Review non-certified a request for physical therapy (2x3) additional, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the neck/cervical spine is recommended by the MTUS Guidelines as an option for chronic neck back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker in this case had completed 7 out of 8 sessions of physical therapy with a vague report of improvements in function and pain reduction by approximately 15%. The provider requested an additional 6 sessions of supervised physical therapy. Although the documentation provided displayed a report of improvement, albeit modest, with the physical therapy, more documented specifics including which physical functions were improved with the physical therapy would be preferred. Regardless, the worker may warrant a few more supervised sessions before meeting the maximum recommended supervised sessions, however, the request was for 6 sessions which is excessive. Also, the worker should have been performing home exercises without issues at the time of this request, although no report of any home exercises being performed regularly was included in the progress notes provided for review. Therefore, the request for 6 additional physical therapy sessions will be considered medically unnecessary.