

Case Number:	CM15-0215967		
Date Assigned:	11/05/2015	Date of Injury:	01/01/2014
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 37 year old male, who sustained an industrial injury on 1-1-2014. Diagnoses include unspecified musculoskeletal disorders and symptoms referable to neck, unspecified back disorder, cervical radiculopathy, lumbago, lumbosacral radiculitis, and wrist sprain-strain. Treatments to date include modified activity, medication therapy, acupuncture treatments, and an unknown number of physical therapy sessions. On 9-22-15, he complained of ongoing pain in the neck and low back rated 2-3 out of 10 VAS. The record documented physical therapy had been put on hold; however, the number of prior physical therapy sessions completed was not documented. He reported some improvement in range of motion since previous visit. The physical examination documented cervical tenderness and tenderness at thoracic and lumbar spine. The straight leg raise was positive bilaterally. The lumbar range of motion was noted as abnormal. The plan of care included acupuncture treatments. The appeal requested authorization for eight (8) physical therapy sessions for the cervical spine, twice a week for four weeks and eight (8) physical therapy sessions for the lumbar spine, twice a week for four weeks. The Utilization Review dated 10-6-15, 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 for the cervical spine 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of physical therapy already, and there is lack of documentation of functional improvement. The above request would also exceed the current amount of sessions that is recommended. There is no documentation stating why an independent home exercise program would be insufficient to address any remaining deficits at this time. According to the clinical documentation provided and current MTUS guidelines, physical therapy, as written above, is NOT medically necessary.

Physical therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of physical therapy already, and there is lack of documentation of functional improvement. The above request would also exceed the current amount of sessions that is recommended. There is no documentation stating why an independent home exercise program would be insufficient to address any remaining deficits at this time. According to the clinical documentation provided and current MTUS guidelines, physical therapy, as written above, is NOT medically necessary.