

Case Number:	CM15-0221289		
Date Assigned:	11/16/2015	Date of Injury:	04/15/2004
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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(n) 68 year old male, who sustained an industrial injury on 4-15-04. The injured worker was diagnosed as having cervical spondylosis. Subjective findings (6-4-15, 8-27-15 and 9-24-15) indicated cervical pain with radiation in the bilateral hands. The injured worker rated his pain 2-3 out of 10 on the left and 4-8 out of 10 on the right. Objective findings (6-4-15, 8-27-15 and 9-24-15) revealed tenderness to palpation of the cervical facets, 80% of expected range of motion in the cervical spine and a negative Spurling's maneuver. As of the PR2 dated 10-22-15, the injured worker reports cervical, thoracic and lumbar pain with radiation to the hands. He rates his pain 5-8 out of 10. Objective findings include "limited" cervical and bilateral shoulder range of motion in all planes, a negative Spurling's maneuver and normal sensation to light touch. Treatment to date has included a left C4-C7 facet injection on 8-18-15, a right C4-C4 facet injection on 5-19-15 and 9-15-15, Celebrex, Hydrocodone and Trazodone. The Utilization Review dated 11-2-15, non-certified the request for physical therapy times 8-18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 8-18: 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: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain in the knee and throughout the back and neck that went into the arm with arm numbness. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for physical therapy sessions "times 8-18" is not medically necessary.