

Case Number:	CM15-0222781		
Date Assigned:	11/18/2015	Date of Injury:	05/28/2014
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/12/2015

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 65 year old female injured worker suffered an industrial injury on 5-28-2014. The diagnoses included cervical degenerative disc disease with disc bulges and central-foraminal narrowing, left shoulder pain, lumbar degenerative disc disease with bulges and foraminal narrowing and left knee pain. On 9-30-2015 the provider reported neck pain radiating to the upper extremities. The neck pain had improved with the recent epidural steroid injection 9-14-2015. She reported low back pain that is worse with prolonged activity. On exam the cervical spine motion caused painful symptoms with muscle spasms. The injured worker had difficulty walking and difficulty changing positions. The range of motion was restricted with guarding noted. The referral for physical therapy was intended to improve activity tolerance, range of motion and core strengthening. Prior treatments included physical therapy. On 5-13-2015 the provider noted there was improvement in the range of motion, flexibility and tolerances had increased with therapy. The medical record did not include evidence of physical therapy progress notes indicative of how many sessions the injured worker attended and the specific objective outcomes noted. Request for Authorization date was 10-27-2015. Utilization Review on 11-9-2015 determined non-certification for Physical therapy, twice weekly, cervical-lumbar spine, per 9-30-15 order, qty: 8.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, cervical/lumbar spine, per 9/30/15 order, qty: 8.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy, Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy twice weekly, cervical/lumbar spine per September 30 2015 order, #8 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are C4-5 and C5-6 degenerative disc disease with disc bulges and central/foraminal narrowing; left shoulder pain; L4 - S1 degenerative disc disease with disc bulges and foraminal narrowing; and left knee pain. Date of injury is May 28, 2014. Request for authorization is October 27, 2015 that references a September 30, 2015 order. According to a September 30, 2015 progress note, subjective complaints are neck pain with radiation to the upper extremities. There was ongoing low back pain. Objectively, cervical spine range of motion is decreased with guarding and spasm and decreased sensation at C5 - C6 bilaterally. Lumbar spine shows decreased range of motion with spasm in guarding. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement to support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy twice weekly, cervical/lumbar spine per September 30 2015 order, #8 sessions is not medically necessary.