

Case Number:	CM15-0044875		
Date Assigned:	03/17/2015	Date of Injury:	07/18/2000
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of September 18, 2000. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for 18 sessions of physical therapy for the cervical spine. A progress note dated January 29, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated March 9, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical fusion surgery; 6-7/10 pain complaints were noted. The applicant had undergone two prior cervical spine surgeries over the course of the claim, in 2003 and 2007, it was incidentally noted. Physical therapy and Lyrica were endorsed. The applicant's work status was not detailed. Similarly, on January 29, 2015, eight sessions of physical therapy were endorsed owing to ongoing complaints of neck pain. The applicant did not appear to be working, although this was not explicitly stated. The applicant was using Diovan, Lidoderm, Lyrica, metformin, Lopressor, and Norvasc, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical Spine 3 times a week for 6 weeks: Upheld

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

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

Decision rationale: No, the request for an additional 18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, it was not clearly stated or clearly established why the applicant could not, in fact, perform active therapies at home as an extension of the treatment process. It was not clearly stated why the applicant cannot transition to self-directed home physical medicine some 14 to 15 years removed from the date of injury. Therefore, the request was not medically necessary.