

Case Number:	CM15-0047042		
Date Assigned:	03/19/2015	Date of Injury:	05/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 38-year-old female, who sustained an industrial injury on March 15, 2013. The injured worker was diagnosed as having stable radicular pain and cervical radicular pain and radiculopathy, anxiety and depression. Treatment to date has included right shoulder arthroscopy and medications, Magnetic resonance imaging on March 28, 2014 of cervical spine. Currently, the injured worker complains of cervical and lumbar radicular pain. In a progress note dated January 20, 2015, the treating provider reports physical examination revealed decreased range of motion in cervical spine, and tenderness to palpation along spinous process C5-C6 with radiation down right arm, the plan of care included C7-T1 intralaminar epidural steroid injection, psychology referral and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 week x 6 weeks, cervical and lumbar: Upheld

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

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

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 QME report dated 10/21/2014 indicated the worker was experiencing radiating lower back pain, upper back pain that went into both arms with left arm numbness and tingling, and anxious and depressed mood. These records described significantly decreased function and suggested therapist-directed physical therapy sessions would be helpful in reestablishing a home exercise program. However, the request is made for an indefinite number of sessions, which would not account for fading, and it is likely only a small number of therapist-directed sessions would be needed for this purpose. For these reasons, the current request for an indefinite number of physical therapy sessions for the upper and lower back done two to three times weekly for six weeks is not medically necessary.