

Case Number:	CM15-0048754		
Date Assigned:	03/20/2015	Date of Injury:	06/27/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained a work/ industrial injury on 6/27/11. She has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having cervical degenerative disc disease and lumbar disc disease with radiculitis. Treatments to date included medication, surgery (cervical fusion and lumbar surgeries), physical therapy, epidural steroid injection, transforaminal block, exercise program. Her lumbar surgery was in February of 2013. Currently, the injured worker complains of pain in left leg, right shoulder, and left sciatica. The treating physician's report (PR-2) from 2/9/15 indicated there was a normal gait, tenderness with guarding to the cervical spine, decreased range of motion and decreased motor strength in the right shoulder with crepitation, and positive left leg straight leg raise. Medication included Norco. Treatment plan included Physical Therapy 2 x 6, 12 sessions and Occupational Therapy, 2 x 6 12 sessions. Per prior peer review the patient had an epidural steroid injection the Fall of 2014, had physical therapy and went to work. Unfortunately she had a flare up and additional therapy was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines, ACOEM Guidelines, page 114.

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

Decision rationale: Physical Therapy 2 x 6, 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation reveals that the patient has had prior physical therapy. There are no extenuating circumstances that would necessitate exceeding the MTUS Guideline recommendations of up to 10 visits for this condition. Additionally, with the patient's prior therapy she should be well versed in a self-directed home exercise program. The request for physical therapy is not medically necessary.

Occupational Therapy, 2 x 6 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines, ACOEM Guidelines, page 114.

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

Decision rationale: Occupational Therapy, 2 x 6 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. There are no extenuating circumstances that would necessitate exceeding the MTUS Guideline recommendations of up to 10 visits (physical or occupational therapy) for this condition. Additionally, the patient has had prior physical therapy and she should be well versed in a self-directed home exercise program. With the patient's lumbar condition and need for home exercises physical therapy would be more appropriate and additional occupational therapy would not be necessary. The request for occupational therapy is not medically necessary.