

Case Number:	CM15-0054999		
Date Assigned:	03/30/2015	Date of Injury:	12/04/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 12/04/2013. He reported a repetitive type injury to neck and low back. The medical records indicated that due to pain medications causing severe constipation and hemorrhoids, subsequently he developed a complicated anal fistula. Diagnoses include cervical spine injury, right shoulder internal derangement, right carpal tunnel syndrome, lumbar spine injury rule out herniated nucleus pulposus, left ankle injury, complicated anal-rectal fistula with frequent abscess and occasional sepsis, and secondary stress, anxiety and depression. Treatments to date include activity modification, medication therapy, chiropractic therapy, and was noted to complete six sessions of physical therapy. Currently, he complained of ongoing lumbar spine and cervical spine pain, right shoulder pain and no improvement in the anal fistula. On 2/18/15, the physical examination documented decreased range of motion and spasms in lumbar spine and cervical spine with right shoulder impingement sign positive. The plan of care included physical therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks to cervical spine and lumbar spine: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Additionally, guidelines recommend 10 visits a therapy for the treatment of intervertebral disc disorders, cervical strains, and cervical radiculopathy. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.