

Case Number:	CM15-0081760		
Date Assigned:	05/04/2015	Date of Injury:	05/24/2011
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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 injured worker is a 48 year old male, who sustained an industrial injury on May 24, 2011. The injured worker was diagnosed as having lumbar disc disease, lumbar radicular symptoms and neck pain/stiffness. Treatment and diagnostic studies to date have included medication. A progress note dated April 6, 2015 provides the injured worker complains of chronic neck and left shoulder pain rated 8/10 and low back pain radiating to left ankle with pain rated 9/10. He reports only medicine helps. Physical exam notes antalgic gait and use of a cane. There is decreased cervical and lumbar range of motion (ROM). The plan is for Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication 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 for the Cervical Spine, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical #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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar radicular symptoms and signs; thoracic disc disease; left hip pain; left shoulder pain; left arm pain; concussion; and additional neck pain/stiffness. The injured worker's date of injury was made 24th 2011. According to the utilization review the injured worker has had extensive physical therapy. The progress notes do not discuss prior physical therapy, do not contain physical therapy progress notes, and do not contain evidence of objective functional improvement with prior physical therapy. Subjectively, according to the most recent progress note dated April 6, 2015, the injured worker presents for persistent chronic pain at the neck, left shoulder, upper limb and low back. The VAS pain score of the upper limb was 8/10 and the low back was 9/10. Objectively, there is decreased range of motion of the cervical spine. There are no other objective findings documented in the medical record referencing the cervical spine. There are no compelling clinical facts in the medical records indicating additional physical therapy is warranted. The injured worker should be well versed in physical therapy exercises (according to the guideline recommendations) to engage and continue to be engaged in a home exercise program. The documentation does not discuss whether the injured worker is engaged in a home exercise program. Consequently, absent compelling clinical documentation with objective functional improvement, the total number of physical therapy sessions received to date, evidence of objective functional improvement from prior physical therapy and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy cervical #8 sessions is not medically necessary.