

Case Number:	CM15-0084116		
Date Assigned:	05/06/2015	Date of Injury:	09/04/2014
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 61 year old female, who sustained an industrial injury on September 4, 2014 while working as a stock person. The mechanism of injury was a fall while lifting a forty pound box. The injured worker has been treated for head and back complaints. The diagnoses have included cervical sprain/strain with possible internal derangement, closed head injury with possible post-concussion syndrome and headaches. Treatment to date has included medications, radiological studies, injections, therapy and topical analgesics. Current documentation dated March 9, 2015 notes that the injured worker reported pain and stiffness of the cervical spine, thoracic spine pain, shoulder pain, frequent headaches, blurred vision, tingling in the jaw and cheeks, stuffy nose and a sore throat. The injured worker also noted difficulty sleeping, anxiety and depression. Examination of the cervical spine revealed tenderness to palpation over the paraspinal musculature with spasticity. Cervical range of motion was limited. Special testing was all noted to be negative. Sensation, reflexes and vascular examination were all within normal limits. The treating physician's plan of care included a request for physical therapy two times a week for six weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2x6 weeks for the cervical spine is not medically necessary and appropriate.