

Case Number:	CM15-0084638		
Date Assigned:	05/06/2015	Date of Injury:	04/19/2013
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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 a 47 year old male, who sustained an industrial injury on 4/19/13. He has reported initial complaints of severe neck; shoulder and low back pain after working with rebar and metal bridges. The diagnoses have included cervical discogenic disease status post fusion left, physical therapy, lumbar discogenic disease, left shoulder internal derangement and left ear hearing loss. Treatment to date has included medications, cervical fusion, lumbar epidural steroid injection (ESI), pain management, and activity modifications. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities and bilateral upper extremities with no evidence of radiculopathy or neuropathy. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of continued pain in the neck, shoulder and low back. The injured worker reports that the pain is rate a 6-7/10 on pain scale, which has decreased from 8-9/10 with his medications. The current medications included Ibuprofen, Baclofen, Omeprazole, Venlafaxine and Hydrocodone. Physical exam reveals an uncomfortable appearing man who cannot raise his head up. He wants to keep his head bent down and keeps his neck bent at a 15-degree constant bend. The neck has extremely poor range of motion and spasm bilaterally. It was noted that the last radiologic studies were done over 2 years ago and the injured worker has ongoing complaints of lumbar and cervical spine pain and left shoulder pain. There was no recent diagnostics noted in the records. There was no previous benefit from therapy sessions noted in the records. The physician requested treatment included Physical therapy cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical 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).

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 cervical spine is not medically necessary and appropriate.