

Case Number:	CM15-0087796		
Date Assigned:	05/12/2015	Date of Injury:	12/23/1997
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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 58 year old male, who sustained an industrial injury on December 23, 1997 while working in construction. The mechanism of injury was not provided. The injured worker has been treated for neck complaints. The diagnoses have included chronic pain, myofascial pain, cervical spondylosis without myelopathy, discogenic cervical pain, displacement of cervical intervertebral disc without myelopathy and spinal enthesopathy. Treatment to date has included medications, radiological studies, psychological counseling and acupuncture treatments. Current documentation dated April 20, 2015 notes that the injured worker reported increased neck pain due to increased activity from a move. The pain was characterized as sharp and constant. Examination of the cervical spine revealed a very good grip strength bilaterally and normal range of motion bilaterally. The treating physician's plan of care included a request for physical therapy visits for the cervical spine, one to three visits per week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12-36 visits for the cervical spine, 1-3 times per week for 12 weeks:
 Upheld

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

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. There is unchanged chronic symptom complaints 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 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury with request for 12-26 PT visits, beyond guidelines criteria. The Physical Therapy, 12-36 visits for the cervical spine, 1-3 times per week for 12 weeks is not medically necessary and appropriate.