

Case Number:	CM15-0240460		
Date Assigned:	12/17/2015	Date of Injury:	12/31/2004
Decision Date:	01/21/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/09/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 female who sustained an industrial injury on 12-31-04. The injured worker was to return to moderate duty per the 11-16-15 note. Medical records indicate that the injured worker has been treated for lumbar sprain-strain; radiculopathy of lower extremities, lumbosacral spine, thoracic spine; thoracic sprain-strain; sleep disturbances; gastrointestinal upset due to medications. The 11-16-15 note was hand written and illegible. She currently (10-15-15) has a pain in the thoracic and lumbar spine with a pain level of 3 out of 10 with improved radicular symptoms since starting physical therapy. Due to therapy she has been able to transition from temporary total disability to modified duties and she feels she can return to work on modified duty (per 10-15-15 documentation). She has shown improvement with self-care, activities of daily living and work duties. The 10-2-15 physical therapy report indicated a pain level of 2 out of 10, symptoms improving and the injured worker has made good progress. The number of physical therapy sessions to date was unclear. Diagnostics included nerve conduction study (8-27-15) of right tibial motor nerve showed reduced amplitude (2.8mV) all others were within normal limits showing. Treatments to date include multiple trigger point injections to thoracic and lumbar spine; physical therapy with benefit; chiropractic treatments, helpful; acupuncture: medications: tramadol, Motrin, Flexeril, Tylenol #3, Voltaren, Prilosec. The request for authorization dated 11-2-15 was for physical therapy 2 times a week for 3 weeks to the thoracic and lumbar spine. On 11-16-15 Utilization Review non-certified the requests for physical therapy 2 times a week for 3 weeks to the thoracic 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 thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back.

Decision rationale: The CA MTUS ACOEM guidelines, neck and upper back complaints recommends 1-2 physical therapy visits for education, counseling and evaluation of home exercise. The ODG, provides specific diagnosis based recommendations for cervical conditions. Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (ConlinI, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise. ODG Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks; Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. In this case the injured worker is 43 years old and was injured in 2004. It is unclear how many physical therapy visits have already been performed based on the submitted documentation. The notes do indicate functional improvement and that she has returned to modified work. However, there is no documentation of transition to a home exercise program. The necessity of additional supervised physical therapy sessions has not been justified in this young worker with a chronic injury. In addition it is unclear to the reviewer the number of visits already completed and no objective improvement in range of motion are noted. Therefore the request is not medically necessary

Physical therapy 2 times a week for 3 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case the injured worker is 43 years old and was injured in 2004. It is unclear how many physical therapy visits have already been performed based on the submitted documentation. The notes do indicate functional improvement and that she has returned to modified work. However, there is no documentation of transition to a home exercise program. The necessity of additional supervised physical therapy sessions has not been justified in this young worker with a chronic injury. In addition it is unclear to the reviewer the number of visits already completed and no objective improvement in range of motion are noted. Therefore the request is not medically necessary