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| Case Number: | CM13-0034841 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 08/09/2010 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female who reported an industrial injury to the neck on 8/9/2010, over four years ago, attributed to the performance of her customary job tasks. The patient has been treated conservatively with physical therapy, medications, acupuncture, and work modifications. The patient was noted to have received 10+ sessions of physical therapy. There was no specific complaint documented by the requesting physician and no objective findings on examination that demonstrated muscle weakness or muscle atrophy. The treatment plan included an unspecified number of additional sessions of physical therapy directed to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown # of physical therapy sessions with documents back to 1/2013, 2/2013, and 4/2013 unknown if retrospective request: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT.

Decision rationale: The request is for authorization of additional Physical Therapy (unspecified number of sessions) to the neck, shoulder and upper back 4 years after the date of injury exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy 4 years after the cited DOS directed to the neck with no documented weakness or muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of additional PT to the neck and upper back for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient has received a significant number of sessions of PT directed to the cervical spine. There is no demonstrated medical necessity for the prescribed PT to the neck and upper back 4 years after the DOI based on the provided documentation. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested sessions of PT over a self-directed home exercise program as recommended for further conditioning and strengthening. The patient is receiving maintenance PT. The CA MTUS recommend up to nine-ten (9-10) sessions of physical therapy over 8 weeks for the shoulder for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the cervical spine rehabilitation subsequent to cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines. The current prescription for additional physical therapy represents maintenance care. There is no demonstrated medical necessity for the requested additional sessions of physical therapy.