MAXIMUS Federal Services

Case Number:	CM14-0120985		
Date Assigned:	08/06/2014	Date of Injury:	06/10/2013
Decision Date:	10/08/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 44-year-old male with a 6/10/13 date of injury, when he was struck by a large bolt in the face causing a laceration with an injury to the cervical spine. The progress report dated 12/19/13 indicated that the patient's symptoms diminished with physical therapy (PT) and that the patient appeared to reach maximal medical improvement. The patient was seen on 6/19/14 with complaints of worsening the symptoms and 8/10 sharp achy pain. Exam findings of the lumbar spine revealed flexion 40 degrees, extension 20 degrees, lateral bending 20 degrees and spasm at the paraspinal muscles. The motor strength was 5/5 in bilateral lower extremities and the sensation was intact in the lower extremities. The diagnosis is lumbosacral strain.Treatment to date: work restrictions, Physical Therapy and medications. An adverse determination was received on 7/2/14 given that the patient had PT before and the number of visits was not clear and it was a lack of documentation that would support the need to deviate from guideline recommendation versus transitioning to a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times a week for 8 weeks for 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 Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress notes indicated that the patient underwent PT treatments however the number of PT visits was not documented. The progress report dated 12/19/13 indicated that the patient's symptoms diminished with physical therapy (PT) and that the patient appeared to reach maximal medical improvement. There is a lack of documentation with subjective or objective functional gains from the previous treatment. In addition, it is not clear why the patient cannot transition into an independent home exercise program and there is no rationale with regards to additional sessions of PT. Therefore, the request for Additional physical therapy, 2 times a week for 8 weeks for cervical spine is not medically necessary and appropriate.