

Case Number:	CM14-0122408		
Date Assigned:	08/06/2014	Date of Injury:	08/29/1997
Decision Date:	12/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

The injured worker is a 73-year-old female who reported an injury on 08/29/1997. The mechanism of injury was a fall. The diagnoses included cervical sprain/strain with spondylosis at C4-5 and C5-6, and thoracic spine strain/sprain. The past treatments included 16 sessions of physical therapy. Her surgical history was not included. The progress note, dated 07/02/2014, noted the injured worker complained of continued cervical and intercostal pain, and reported improvement with physical therapy, including decreased pain, decreased spasm, and decreased need for medications. The physical exam revealed tenderness to touch of the bilateral paravertebral muscles, upper trapezius, and interscapular area and decreased range of motion with increased pain on flexion. Portions of the hand written note were difficult to decipher. Pain was rated a 4/10 with medication and 8/10 without. Medication included Voltaren 50 mg tablets. The physician requested acupuncture twice a week for 3 weeks for the cervical and thoracic spine, and physical therapy twice a week for 4 weeks of the cervical and thoracic spine. The physician further noted that due to the injured worker's continued benefit with physical therapy, decreased pain, decreased spasms, and decreased medication use, with increased function and increased ADLs, as rationale for continued physical therapy. The Request for Authorization form was submitted for review on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; Cervical and Thoracic Spine Quantity:2 x 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Neck & Upper Back Procedure Summary

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

Decision rationale: The request for physical therapy; cervical and thoracic spine quantity: 2 x 4 weeks is not medically necessary. The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend up to 10 sessions of physical therapy over 8 weeks, and a continuation of active therapy at home as an extension of the treatment process. There is a lack of documentation of objective improvement over the course of physical therapy. The injured worker had a documented 16 sessions of physical therapy completed. The request for 8 additional sessions greatly exceeds the guideline recommendations. There is a lack of documentation indicating the severity of functional deficits. There is no indication that an active, self-directed, home exercise program would not be appropriate for the injured worker at this time. Given the previous, 8 additional sessions of physical therapy is excessive and not supported at this time. Therefore, the request is not medically necessary.