

Case Number:	CM14-0143993		
Date Assigned:	09/12/2014	Date of Injury:	07/27/1999
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 07/27/1999. The listed diagnoses per [REDACTED] are: 1. Cervical discopathy with radiculitis. 2. Double crush syndrome. 3. Status post right carpal tunnel release, 05/18/2004. 4. Electrodiagnostic study evidence of bilateral carpal tunnel syndrome. 5. Lumbar discopathy with radiculitis. 6. Status post right ankle fusion, 02/20/2008. 7. Status post removal of hardware. 8. Posterior tibial dysfunction, left foot. According to progress report 06/26/2014, the patient presents with chronic neck and low back pain. Examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Both the axial loading compression Spurling's maneuver test are positive. Range of motion is limited with pain. Examination of the lumbar spine revealed tenderness with spasm and positive seated nerve root test. Standing flexion and extension are guarded and restricted. The treater is requesting physical therapy 2 times a week for 6 weeks for the cervical and lumbar spine. Utilization review denied the request on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks to cervical/lumbar spine QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting for a course of physical therapy at the rate of 2 times a week for 6 weeks. For physical medicine, MTUS Guidelines page 98 and 99 recommend 9 to 10 sessions over 8 weeks for myalgia and myositis-type symptoms. The medical file provided for review includes progress reports from 03/13/2014 through 06/26/2014. There is no physical therapy treatment history. It is unclear how many physical therapy sessions this patient has received in the past and when they were received. Given the patient's continued pain, a short course may be indicated. However, the treating physician's request for 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.