

Case Number:	CM14-0145748		
Date Assigned:	09/12/2014	Date of Injury:	08/16/1999
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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 patient is 81-year-old female who has submitted a claim for sprain of neck associated with an industrial injury date of August 16, 1999. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the neck and upper back radiating into the T.O associated with bilateral weakness, altered sensation, numbness and tingling in the arms, forearms and wrists. Physical examination revealed limitations in cervical ROM, positive foraminal compression test in the neutral, extension, right and left lateral flexion, and positive cervical distraction and Soto Hall's tests. There was a decreased sensation over the C6 on left and C7 bilaterally. Treatment to date has included medications, chiropractic treatment and therapeutic exercises. Utilization review from August 22, 2014 modified the request for 12 Physical therapy sessions to 2 sessions because the guidelines only support 1-2 physical therapy visits for education, counseling, and evaluation of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Physical therapy (PT).

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for low back pain. The 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. The recommended number of visits for myalgia and myositis is 9-10 over 8 weeks whereas for neuralgia, neuritis and radiculitis, it is 8-10 over 4 weeks. In this case, it is unknown if the patient had previous physical therapy. A previous UR on June 2014 requested the provider furnish more information about prior physical therapy but there is still no information available in the records presently provided. The present requested number of visits of 12 exceeds that recommended by the guidelines. Without proper documentation and rationale provided, the necessity for such number of physical therapy visits is difficult to establish. Moreover, the request is incomplete as the body part to undergo therapy was not specified. Therefore, the request for 12 Physical therapy sessions is not medically necessary.