

Case Number:	CM14-0152286		
Date Assigned:	10/09/2014	Date of Injury:	02/05/2008
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, has a subspecialty in Pain 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 53-year-old female who sustained an injury on 02/05/08. As per the report of 08/27/14, she complained of neck and low back pain. Her neck pain radiated down to the left upper extremity and left fingers and was accompanied by numbness frequently in the left upper extremity to the level of the fingers. Her low back pain radiated down to the bilateral lower extremities and was accompanied by muscle weakness frequently in the bilateral lower extremities. Pain was rated as 8/10 with medications and 10/10 without. She reported that the pain had worsened but PT reduced pain and increased mobility. She was recommended to continue HEP. C-spine exam revealed spasm, spinal vertebral tenderness in C4-7, and moderately limited ROM with pain. Sensation was decreased in the bilateral upper extremities. L-spine exam revealed tenderness upon palpation in the bilateral paravertebral area L4-S1 levels, slightly too moderately limited ROM, and decreased strength of the extensor muscles along the L4-S1 dermatome in bilateral lower extremities. MRI of the C-spine dated 12/04/09 revealed posterior ligamentum flavum hypertrophic changes most prominent at the C6-7 level and to a slightly lesser extent at the C5-6 level. She underwent bilateral carpal tunnel release and left elbow release. Current medications were not documented. PT two times a week for four weeks was approved on 03/05/14 and 05/23/14. PT reports dated 03/17/14 and 07/25/14 indicated improvement. Diagnoses include chronic pain, cervical facet arthropathy, cervical radiculopathy, lumbar radiculitis, status post bilateral carpal tunnel release, and status post left elbow release. The request for 8 (2X4) sessions of physical therapy was denied on 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 (2X4) Sessions of Physical Therapy: 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 medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Back

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injury is old and the injured worker has already received unknown number of physical therapy visits; there is no record of progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Furthermore, the body part (i.e. neck, back) to be treated has not been specified. Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.