

Case Number:	CM14-0163300		
Date Assigned:	10/08/2014	Date of Injury:	07/09/2013
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 claimant injured his neck and back on 07/09/13 when he fell and 4 sessions of physical therapy (PT) for the cervical, thoracic, and lumbar spine are under review. The claimant has completed 20 visits of physical therapy for these areas. He started initial physical therapy on 12/18/13. His primary complaint was neck pain. He had tried physical therapy with no significant relief. An epidural steroid injection was recommended for his low back. A PMR consultation was ordered. On 06/06/14, he was seen in a physiatric and pain management consultation. He had stable but persistent symptoms. He had had 10 of 12 sessions of physical therapy, four sessions of chiropractic, and 6 sessions of acupuncture. He was diagnosed with chronic strains and physical therapy was recommended for progressive spinal stretching, strengthening, and stabilization exercises with functional restoration and work conditioning. On 08/12/14, he was seen again and had completed physical therapy. He still had neck and back pain but his range of motion of the cervical spine was better. He had some tenderness along the thoracic and mid lumbar spine and paraspinals and also at the upper trapezius. He was making progress in therapy and an additional 8 visits were ordered for work conditioning and transitioning to an independent program of self-maintenance. He had slightly restricted range of motion of the lumbar spine and had tenderness about the trapezius region with guarding. He was diagnosed with cervical, thoracic, and lumbar sprains. On 08/20/14, the request was amended from 8 sessions to four additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four additional sessions of physical therapy to the cervical spine, thoracic spine, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 4 visits of PT for the neck and back. The claimant has attended PT for his injury for what should have been a sufficient number of visits. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes do not specifically mention why he has not yet received home exercise and self management training. There is no clinical information that warrants the continuation of PT for an extended period of time. The medical necessity of the additional 4 visits of therapy for the claimant's chronic complaints has not been clearly demonstrated.