

Case Number:	CM14-0165497		
Date Assigned:	10/10/2014	Date of Injury:	04/25/2014
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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:

Per the records provided, the claimant is a 48-year-old individual injured back in April. Prior treatment had been in exercise program, physical therapy modalities, anti-inflammatory medicines and muscle relaxants for more than three months and acupuncture treatments. The patient was diagnosed with cervical radiculitis and cervical degenerative disc disease. The number of visits of the physical therapy and the response to the therapy was not documented. Reasons why a home exercise program could not be continued was not presented. The patient was trying to resolve an issue between two fighting children. The patient grabbed one child to try to loosen himself from the patient by kicking and jumping during the whole struggle. Injury resulted. Prior treatment included a home exercise program, physical therapy, anti-inflammatory medicines and muscle relaxants for more than three months and acupuncture treatments. The number of visits of the therapy and the response to therapy was not documented in the medical report submitted with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two to three times a week for six weeks for the cervical spine QTY:
18.00: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792. Page(s): 98 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary and appropriate.