

Case Number:	CM14-0166336		
Date Assigned:	10/13/2014	Date of Injury:	08/20/2005
Decision Date:	11/13/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 48 year old male who was injured while driving a forklift on 8/25/2005. The forklift malfunctioned and pinned him against a bin. He sustained multiple injuries including a pelvic fracture requiring surgery. He has chronic pain in the pelvis, low back, left hip, left leg, both shoulders, neck, and headaches. He has bilateral carpal tunnel syndrome. The chronic pain syndrome is controlled with Lyrica, Oxycontin and Soma. He has had Epidural steroid injections. The notes from 8/13/2014 indicate pain levels of 8/10 to 10/10 without the medication and 2-3/10 with medication. The neck pain is due to cervical spondylosis without myelopathy. He had 12 sessions of neck physical therapy per notes of 8/4/2014 with little benefit. There is an L5 radiculopathy per EMGs and Nerve Conduction Studies of the upper extremities have revealed carpal tunnel syndrome. MRI of the cervical spine revealed bulges and spondylosis at C4-5, C5-6, and C6-7 with foraminal narrowing. The disputed issue is a request for 8 sessions of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Passive therapy can provide short term relief in the early stages of pain treatment but active self-directed therapy is of greater benefit for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. Patients are expected to continue the active therapy at home. The use of active treatment modalities instead of passive is associated with substantially better outcomes. Physical therapy sessions x 12 did not improve the functional outcome per PT/OT notes of 8/4/2014. Therefore the request for additional 8 sessions of physical therapy for the cervical spine is not medically necessary.