

Case Number:	CM14-0185022		
Date Assigned:	11/12/2014	Date of Injury:	12/03/2013
Decision Date:	12/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of December 3, 2013. A utilization review determination dated October 6, 2014 recommends denial of physical therapy. Denial was recommended since the patient has undergone 24-30 sessions of therapy for the neck, mid back, lower back, and shoulders with only temporary relief. A progress report dated August 11, 2014 identifies subjective complaints of lower back pain and neck pain radiating into the upper and lower extremities. The patient also has bilateral shoulder pain. Physical examination revealed spasm, tenderness, and guarding in the cervical and lumbar spine with decreased range of motion. Decreased sensation is noted over the C6 and L5 dermatomes bilaterally. Diagnoses include cervical radiculopathy, lumbar radiculopathy, and shoulder tendinitis/bursitis. The treatment plan recommends 12 sessions of physical therapy for the cervical spine, thoracic spine, lumbar spine, and shoulders, to reduce his pain increase range of motion and function. A report dated March 24, 2014 indicates that the patient underwent physical therapy in 2013 with "temporary pain relief." The note goes on to indicate that the patient underwent physical therapy to the "neck, shoulders, upper and lower back, at intervals of 3 times a week for approximately 4 to 6 weeks, providing him temporary pain relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 to cervica spine, lumbar spine, thoracic spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14) Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298, 200, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy,- Low Back Chapter, Physical Therapy, - Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the number of therapy sessions the patient has undergone exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.