

Case Number:	CM14-0085193		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2011
Decision Date:	10/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 51 year old male with date of injury of 1/7/2011. A review of the medical records indicate that the patient is undergoing treatment for displacement of the cervical intervertebral disc without myelopathy, bilateral carpal tunnel, and right shoulder rotator cuff tear. Subjective complaints include neck and back pain that is 3/10 and weakness to his bilateral upper extremities. Objective findings include decreased range of motion of the cervical spine with pain upon palpation of the paraspinals. 4/5 strength in the upper extremities, with positive Tinel's and Phalen's on the left wrist; reduced range of motion of the right shoulder. Treatment has included Mobic, a TENS unit, and home exercises. The utilization review dated 6/2/2014 non-certified physical therapy of 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 x12 to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. The request for 12 sessions is in excess of guidelines. The medical documentation does not detail what the functional goals are for the PT or how it fits into his overall pain control plan. Therefore, the request for 12 sessions of PT is not medically necessary.