

Case Number:	CM14-0095738		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2004
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a male with a 1/20/04 date of injury. At the time (5/6/14) of the request for authorization for physical therapy, 8 visits cervical and lumbar spines, bilateral feet, there is documentation of subjective (stiffness in his neck and low back, he continues to report intermittent moderate neck pain radiating to right arm, intermittent moderate low back pain radiating into hips and bilateral feet) and objective (mild tenderness on palpation of the neck, decreased range of motion, midline point tenderness over the lumbar spine and near the sacroiliac joints, decreased range of motion, bilateral biceps and wrist extension strength 4-/5, left iliopspas 3/5, bilateral tibialis anterior 4/5, bilateral extensor hallucis longus 4/5, and decreased sensation on the left anterior shoulder and the left forearm in a C7, C8, and T1 distribution as well as in the small finger of the left hand, decreased sensation over the left anterior thigh) findings, current diagnoses (cervical spine sprain/strain and lumbar spine sprain/strain), and treatment to date (medications and physical therapy). The number of physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 visits cervical and lumbar spines, bilateral feet.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of cervical spine sprain/strain and lumbar spine sprain/strain. In addition, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of physical therapy sessions. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy, 8 visits cervical and lumbar spines, bilateral feet is not medically necessary.