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| Case Number: | CM14-0097197 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 04/23/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Family 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:

This claimant is a 24-year-old male who reported an industrial injury on 4/23/2013 (18 months ago) attributed to the performance of his usual and customary job duties. He was pulling cable while on a ladder and received an electrical shock and fell off the ladder injuring his left elbow and back. The injured worker has been treated with physical therapy, medications, and activity modifications. The patient is documented to have received 21 sessions of physical therapy to the neck and back. X-rays and MRI studies were documented as normal. The objective findings on examination indicated full range of motion (ROM) with pain to the neck and the back. He continues to complain of cervical, thoracic, and lumbar spine discomfort. The objective findings on examination documented no abnormalities. The diagnosis was status post electric shock with neck sprain and thoracic sprain. The treatment plan included 12 additional sessions of physical therapy directed to the cervical-thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 - Cervicothoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Neck, Upper Back, Low Back, Web edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - PT and low back chapter - PT

Decision rationale: The request is for authorization of Physical Therapy directed to the neck and back. This request, 1 year after the DOI (date of injury) exceeds the number of sessions of Physical Therapy (PT) recommended by the California MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy, with no documented weakness or muscle atrophy, as opposed to a self-directed HEP (home exercise program). The patient is documented to have received 21 sessions of physical therapy directed to the neck and back and thus has exceeded the number of sessions and the time interval recommended by the California MTUS. There are no objective findings to support the medical necessity of 12 more sessions to the neck and back for the rehabilitation of the patient, above the number recommended by evidence-based guidelines. The patient is documented with no signs of weakness, no significant reduction of ROM, and no muscle atrophy. The patient is not documented to be using a HEP. Guidelines recommends ten (10) sessions of physical therapy over 8 weeks for lumbar/cervical spine rehabilitation subsequent to lumbar/cervical strain/sprain, with subsequent integration into HEP. The current prescription for additional physical therapy represents maintenance care. There is no demonstrated medical necessity for the requested 2 x 6 additional sessions of physical therapy.