

Case Number:	CM14-0026559		
Date Assigned:	06/13/2014	Date of Injury:	02/07/2000
Decision Date:	01/12/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Ohio. 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 female who suffered an industrial related injury on 2/7/00. A physician's report dated 10/22/14 noted the injured worker had complaints of neck, back, and left knee pain. Diagnoses included chronic myoligamentous cervical spine strain/sprain, multi-level cervical spondylosis, history of right shoulder arthroscopy on 5/4/06, myofascial pain syndrome, chronic myoligamentous lumbar spine strain/sprain, multi-level spondylosis, and left knee degenerative joint disease. The injured worker received four acupuncture sessions for myofascial symptoms involving the cervical spine and lumbar spine. The work status was noted to be permanent and stationary. An acupuncture treatment report dated 12/3/14 noted a 60% reduction in all spinal movement. Treatments included acupuncture, electro-stimulation, soft tissue mobilization, myofascial release, massage, therapeutic exercises, infrared, and neuromuscular re-education. On 2/25/14 the utilization review (UR) physical denied the request for 8 physical therapy sessions for the lumbar and cervical spine. The UR physician noted that the injured worker seemed to be having flair up of his chronic neck and back pain. The UR physician recommended modification of the request to 6 physical therapy sessions after which reevaluation should be carried out to see whether further therapy would be indicated. It appears that she attended at least 2 sessions of therapy, March 10 and March 18, 2014 there is no change in range of motion in the cervical and lumbar spine between these 2 dates. There are no physical therapy notes at the completion of physical therapy which indicate whether or not progress had been made

IMR ISSUES, DECISIONS AND RATIONALES

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

PT(Physical Therapy) x (8), Lumbar & Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California codes. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back Disorders & Cervical & Thoracic Spine Disorders; Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical Therapy.

Decision rationale: There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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. In this situation, the injured worker was essentially given a 6 visit physical therapy trial with reassessment to occur following completion. Unfortunately, there appears to be an incomplete set of notes from physical therapy and certainly no notes at the completion of therapy. Notes from the treating provider subsequent to the physical therapy state that the injured worker's symptoms were unchanged. Consequently, 8 sessions of physical therapy for the cervical and lumbar spine are not medically necessary.