MAXIMUS Federal Services

Case Number:	CM14-0212390		
Date Assigned:	01/02/2015	Date of Injury:	05/02/2007
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 43 year old female with an injury date of 05/02/07. Based on the 11/19/14 progress report provided by treating physician, the patient complains of bilateral cervical and , thoracic spine pain; bilateral low back, shoulder and hand pain. The patient describes the symptoms as stabbing in quality and rates them 10/10 on the visual analog scale. The patient is currently on Percocet and Voltaren gel. Physical examination showed there is painful reduced range of motion in the bilateral upper extremities and trunk. Bilateral shoulder range of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Cervical ranges of motion were restricted by pain in all directions. Patient was prescribed Percocet in progress reports dated 11/19/14 and 12/17/14. Treater recommends a "short course of physical therapy directed at the cervical, thoracic, and lumbar spine two times a week for four weeks for a total of eight treatments to consist of stretching, strengthening, conditioning, stability exercises, and transition to a home exercise program."MRI of the Lumbar Spine 11/22/13, per treater report dated 11/19/14, mild herniated disc protrusion and mild central canal stenosis at L2-L3, herniated disc protrusion, mild central canal stenosis and mild neural foraminal stenosis at L4-L5, lumbar degenerative disc disease, lumbar facet joint arthropathy Diagnosis 11/19/14, 12/17/14, Lumbar facet joint pain L4-L5 and L5-S1, Lumbar facet joint arthropathy, Lumbar herniated disc protrusion, Lumbar stenosis, Lumbar degenerative disc disease, Bilateral sacroilitis, Thoracic herniated disc protrusion-Thoracic radiculopathy, Thoracic stenosis, Thoracic degenerative disc disease, Thoracic facet joint pain, Cervical herniated disc protrusion, Cervical radiculopathy, Cervical stenosis, Cervical degenerative disc disease-Cervical facet joint pain-Bilateral shoulder pain-Bilateral hand pain-Bilateral wrist pain. The utilization review determination being challenged is dated 12/11/14. The rationale is : "... even though there is documentation of the injured body parts, there is no clear evidence on how physical therapy will help in this situation... it has been over seven years status post injury. Treatment reports were provided from 10/08/14 - 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-8, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents f bilateral cervical and, thoracic spine pain; bilateral low back, shoulder and hand pain. The request is for PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE CERVICAL, THORACIC, AND LUMBAR SPINE. Patient's diagnosis on 11/19/14 included lumbar facet joint pain L4-L5 and L5-S1; and lumbar, thoracic and cervical herniated disc protrusions. Patient was prescribed Percocet in progress reports dated 11/19/14 and 12/17/14. Treater recommends a "short course of physical therapy directed at the cervical, thoracic, and lumbar spine two times a week for four weeks for a total of eight treatments to consist of stretching, strengthening, conditioning, stability exercises, and transition to a home exercise program."MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Treater recommends a "short course of physical therapy directed at the cervical, thoracic, and lumbar spine two times a week for four weeks for a total of eight treatments to consist of stretching, strengthening, conditioning, stability exercises, and transition to a home exercise program." However, it has been over seven years status post injury, and treater does not discuss treatment history in medical records provided. There is no discussion regarding how the patient responded to therapy in the past, number of previous sessions, any flare-ups, and why home exercise is inadequate. Therefore the request IS NOT medically necessary.