

Case Number:	CM15-0015001		
Date Assigned:	02/02/2015	Date of Injury:	04/19/2012
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 53 year old male, who sustained an industrial injury on 4/19/12. He has reported neck and spine injury. The diagnoses have included myalgia and myositis, lumbosacral spondylosis and cervical radiculitis. Treatment to date has included cervical fusion in 2014, physical therapy, lumbar epidural and oral medications. Currently, the injured worker complains of cervical and lumbar spine pain, unchanged since prior visit. Physical exam of 12/24/14 revealed tenderness on palpation over the right lumbar facets, left lumbar facets, right paravertebral lumbar spasm , left paravertebral lumbar spasm, right thoracolumbar spasm, left thoracolumbar spasm, right sacroiliac joint and left sacroiliac joint. On 12/29/14 Utilization Review non-certified additional post-op physical therapy 2 times a week for 3 weeks- cervical, noting the lack of explicit documentation of functional improvement from previous therapy sessions. The MTUS, ACOEM Guidelines, was cited. On 1/5/15, the injured worker submitted an application for IMR for review of additional post-op physical therapy 2 times a week for 3 weeks- cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 2 x3- cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is nearly 3 years status post work-related injury and underwent a cervical spine fusion in 2014. The requesting provider documents benefit from prior physical therapy that was provided. In terms of physical therapy treatment for chronic pain, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Additionally, the number of additional visits requested is in excess of that recommended and therefore not medically necessary.