

Case Number:	CM15-0120220		
Date Assigned:	06/30/2015	Date of Injury:	11/26/2011
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

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 28 year old female, who sustained an industrial injury on November 26, 2011. Treatment to date has included eight sessions of physical therapy, home exercise program, MRI of the cervical, thoracic and lumbar spine. Currently, the injured worker complains of persistent low back pain with radiation of pain to the buttocks, neck pain and mid back pain. On physical examination the injured worker has tenderness to palpation over the cervical paravertebral muscles. Cervical range of motion is limited and causes increased neck pain in the cervical paravertebral muscles. She has increased pain on range of motion of the thoracic spine and has normal tone and muscle power of the bilateral upper extremities. Her sensation is intact in the bilateral upper extremities and no overt muscle atrophy or weakness in the bilateral shoulders. Her range of motion of the shoulder is within normal limits and she has no evidence of impingement. She ambulates with a normal gait and has normal lumbar lordosis. She has moderate tenderness to palpation over the lumbar paravertebral muscles and no spasm noted. Her range of motion causes increased low back pain. The range of motion of the bilateral hips and knees is within normal limits and all testing was negative. The evaluating physician notes that the injured worker has persistent pain and is deconditioned. The diagnoses associated with the request include cervicothoracic spine myoligamentous sprain/strain, lumbar spine myoligamentous sprain/strain, and lumbar annular fissure/disc bulge of L4-5. The treatment plan includes 6-8 sessions of physical therapy for modalities, stretching and core strengthening and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for modalities/stretching/core strength: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck and Low Back Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.