

Case Number:	CM15-0128202		
Date Assigned:	07/15/2015	Date of Injury:	03/26/2015
Decision Date:	09/02/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational Medicine

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 55 year old female who sustained an industrial injury on 3/26/15. The injured worker was diagnosed as having post concussive syndrome, neck sprain, pain in the thoracic region, and lumbago. Lumbar MRI (4/14/2015) showed diffuse degenerative disc changes without neural impingement. Thoracic MRI (4/14/2015) showed minimal discogenic disease. Cervical MRI (4/14/2015) showed minor discogenic disease. Treatment to date has included physical therapy (12 sessions and was begun on home exercise program), a home exercise program, and medication. A physical therapy report dated 5/27/15 noted improvement in symptoms. In the provider's progress note dated 6/15/2015 the injured worker complained of continued intermittent neck pain, persistent upper back pain, and intermittent low back pain all of which were worse with activity and better with medication and physical therapy. On exam, there was cervical tenderness and decreased cervical range of motion, decreased lumbar range of motion, intact neuromuscular exam of upper extremities and a normal gait. The treating physician requested authorization for physical therapy 3 x 1 month for the neck, thoracic spine, and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 1 month, neck thoracic & low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical therapy guidelines, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over a 4-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple (12) PT sessions since her injury 4 months ago. The medical records document that the physical therapy was helpful and it did begin a home exercise program. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain the therapy should follow the above MTUS recommendations. The medical records document the patient's present symptoms as continuing pain from her injury in March 2015 rather than an exacerbation of a chronic injury. Furthermore, the provider did not render any reason for more therapy sessions than is recommended by the MTUS. Medical necessity for the frequency and number of PT sessions requested has not been established. Therefore, the request is not medically necessary.