

Case Number:	CM15-0129347		
Date Assigned:	07/15/2015	Date of Injury:	04/22/2014
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 4/22/2014. He reported injury to the neck and back from a motor vehicle accident. Diagnoses include cervical disc protrusion, radiculopathy, thoracic spine sprain/strain, and headache. Treatments to date include medication therapy, epidural steroid injections. Currently, he complained of neck pain with radiation to the left upper extremity associated with numbness and tingling. He also complained of mid back pain and intermittent headaches. On 4/29/15, the physical examination documented cervical tenderness, muscle spasms, and decreased range of motion. There was tenderness and muscle spasm of the thoracic spine noted. The appeal requested authorization of an additional eight physical therapy sessions twice a week for four weeks. The patient had received an unspecified number of PT visits for this injury. The patient had completed 9 PT visits from 1/2015 to 2/23/15. The patient sustained the injury due to a MVA. The medication list includes Tramadol, Baclofen and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 x weeks x 4 weeks (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. The patient had completed 9 PT visits from 1/2015 to 2/23/15. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for continued physical therapy 2 x weeks x 4 weeks (8 sessions) is not medically necessary or fully established for this patient.