

Case Number:	CM15-0129389		
Date Assigned:	07/16/2015	Date of Injury:	01/04/2013
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
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, Hawaii
 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 injured worker is a 47-year-old female who sustained an industrial injury on January 4, 2013. She inquired an injury while at work due to repetitive motion. She has reported pain in her right greater than left arms, cervical spine, and upper back and has been diagnosed with neck pain, thoracic pain, compression fracture, cervical degenerative disc disease, and moderate to severe foraminal stenosis at C4, C5. Treatment has included physical therapy. She reported feeling better after therapy session with less pain. She declined modalities because she was trying to focus on non-passive physical therapy. The treatment request included physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 12 sessions as an outpatient (frequency unspecified):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the upper back and bilateral upper extremities. The current request is for Physical Therapy, Lumbar Spine, 12 sessions as an outpatient (frequency unspecified). The treating physician states in the report dated 5/22/15, "She had physical therapy treatments in 2013 but reports that it did not resolve her symptoms in her neck and back. She presents with limited cervical ROM, decreased upper extremity strength, and reports intermittent numbness and tingling in both hands and feet. She would likely benefit from PT intervention to address these issues." (6B) The MTUS Guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has stated that the patient has previously received an unknown number of PT sessions. There is documented flaring of the upper back and upper extremities and the physician feels that the patient requires physical therapy to help with deconditioning and strength issues. While the patient may benefit from a brief course of physical therapy, the physician has requested 12 sessions, which exceeds the MTUS recommendation of 8-10 sessions. The current request is not medically necessary.