

Case Number:	CM15-0175711		
Date Assigned:	09/25/2015	Date of Injury:	06/20/2014
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 6-20-2014. She reported injuries to the face, neck, and low back from two occasions where she tripped and fell. Diagnoses include cervical stenosis and disc collapse, lumbar disc protrusion, and radiculopathy, and rheumatoid arthritis, status post multiple cervical surgeries. Treatments to date include anti- inflammatories, opioid therapy, physical therapy, and epidural steroid injections. Currently, she complained of ongoing pain, headaches, weakness, numbness and tingling despite conservative treatments. On 8-7-15, the pre-operative physical examination documented cervical tenderness, decreased range of motion and decreased sensation over the C7 dermatome. The plan of care included a cervical fusion revision as scheduled. She is status post repeat cervical discectomy and fusion on 8-20-15. There is no evidence submitted for this review that indicated physical therapy had been rendered in the 2015 year, or initiated after the most recent surgery. The appeal requested authorization for post-operative physical therapy re-evaluation and treatment, twice a week for three weeks for the cervical spine; physical therapy twice a week for three weeks for the lumbar spine; and handicap parking for six months. The Utilization Review dated 8-31-15, denied the requests indicating that medical records did not documented the amount of prior physical therapy received and did not document supportive evidence to indicate medical necessity for handicap parking per California Medical Treatment Utilization Schedule (MTUS) Guidelines and associated abstracts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy evaluation and treatment, 2x weekly for 3 weeks, lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The patient underwent cervical discectomy with fusion on August 20, 2015. The postsurgical treatment is 24 physical medicine visits over 16 weeks with postsurgical physical medicine treatment period of 6 months. The request for physical therapy is for the lumbar spine. Therefore, postsurgical guidelines do not apply. Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, there is insufficient documentation of quantity and efficacy of prior treatment with physical therapy. The lack of documentation does not allow determination of necessity. The request is not medically necessary.

Physical therapy evaluation and treatment, 2x weekly for 3 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the

patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, there is insufficient documentation of quantity and efficacy of prior treatment with physical therapy. The lack of documentation does not allow determination of necessity. The request is not medically necessary.

Handicap parking for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.disability-benefits-help.org/handicap-disabled-parking/california>.

Decision rationale: In California, eligibility for handicap parking is limited to individuals with the following conditions: severely disabled mobility because of a disease or disorder- restricted lung disease, specifically with a forced expiratory volume (FEV) for 1 second, when measured by spirometry, is less than 1 liter or your arterial oxygen tension is less than 60mm/hg at rest- missing or loss the use of one or both hands- significant impairment, are missing or loss the use of one or both legs- vision issues, such as low vision or blindness. In this case there is no documentation to support that the patient suffers from ambulatory dysfunction, decreased mobility, loss of limb, or visual impairment. Necessity has not been established. The request is not medically necessary.