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| Case Number: | CM15-0178683 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 09/25/2006 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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

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 61 year old male, who sustained an industrial injury on September 25, 2006. The injured worker is diagnosed as having brachial neuritis, spinal stenosis and degenerative disc disease. The injured worker is retired. Currently, the injured worker complains of neck stiffness and low back pain. His back pain intermittently radiates down legs bilaterally to his toes and is present when he lies down. Physical examinations dated June 5, 2015-August 14, 2015 revealed the cervical spine "he is lacking about 10 degrees of range of motion on either side and can flex to within a fingerbreadth of his chest and extend 35 degrees". There is decreased range of motion, lateral rotation, of the cervical spine and forward flexion of the lumbar spine is noted. Treatment to date has included surgical intervention, anterior cervical discectomy and fusion, provided relief from neck pain and symptoms in his arms. A note dated August 17, 2015 states the injured worker was not experiencing any weakness, numbness or tingling. He is no longer requiring pain medications, Norco and Percocet, per the same note. The note also states the injured worker is engaged in physical therapy with two more sessions to complete. The note further states the physical therapist recommends continued therapy as the injured worker is progressing with treatment. A physical therapy note dated June 19, 2015 states he is not compliant with his home exercise program. The note also states the injured worker continues with cervical spine paraspinals tightness and would benefit with continued manual therapy. A request for physical therapy sessions for the neck and lumbar spine (two times a week for six weeks each) has been denied as the injured worker has not completed his current physical therapy and there is not a post-therapy evaluation, and there is no "clear documentation

of musculoskeletal deficits" that cannot be addressed by a home exercise program, per Utilization Review letter dated August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2x a week for 6 weeks for the neck (12): 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: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy sessions 2x a week for 6 weeks for the neck (12) are not medically necessary and appropriate.

Physical therapy sessions 2x a week for 6 weeks for the lumbar spine (12): 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: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy

treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2006 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy sessions 2x a week for 6 weeks for the lumbar spine (12) are not medically necessary and appropriate.