

Case Number:	CM15-0021424		
Date Assigned:	02/11/2015	Date of Injury:	06/05/2014
Decision Date:	05/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/04/2015

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 33 year old female patient who sustained an industrial injury on 06/05/2014. A primary treating office visit dated 07/07/2014 reported subjective complaint of mid back and left shoulder pain. She reports the physical therapy helping with the neck and upper back pains. She is working modified duty. Current medications are: Ibuprofen 800mg, Flexeril, and Vicodin. The assessment noted cervical spine, neck strain/sprain; upper back strain/sprain; thoracic spine strain/sprain; lumbar spine strain/sprain, and left arm shoulder sprain. The plan of care noted the patient progressing slower than expected. She is to complete remaining physical therapy sessions and follow up in one week. An orthopedic follow up dated 01/09/2015 reported a chief complaint of left shoulder, cervical spine, and lumbar spine pain. Physical examination of the cervical spine revealed decreased sensation in UE. Physical examination of the lumbar spine revealed tenderness on palpation and limited range of motion. She is diagnosed with calcific tendonitis, cervical spine spondylosis, herniated nucleus pulposus, radiculopathy, and lumbar spine spondylosis. The plan of care noted with recommendation for a magnetic resonance imaging study be performed. She is to return for follow up in 6 weeks. The patient sustained the injury due to a trip and fall incident. The patient has had MRI of the cervical spine that revealed disc bulge. Patient has received an unspecified number of PT and acupuncture visits for this injury. The medication list includes Flexeril, Neurontin and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 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. 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. 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 Physical therapy 2x6 is not medically necessary for this patient.