

Case Number:	CM15-0023660		
Date Assigned:	02/13/2015	Date of Injury:	04/26/2013
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, Pain Management

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 36 year old female, who sustained an industrial injury on 4/26/13. She has reported neck, upper and lower back, shoulders, hands, wrists and bilateral knees working as a machine operator. She was in a motor vehicle accident on 4/26/13. The diagnoses have included post traumatic cervical spine strain/sprain, post traumatic thoracic spine strain/sprain, and post traumatic lumbar spine strain/sprain. Treatment to date has included 8 physical therapy sessions with slight relief, acupuncture, shoulder injections times two and medications. Currently, the injured worker complains of constant neck pain radiating to shoulders and shoulder blades. There were also complaints of numbness and tingling radiating down the arms and hands. Physical exam of the cervical spine revealed External rotation was decreased right and left and there was positive impingement sign bilaterally with positive apprehension test. There was pain and tightness in the cervical spine. Physical exam revealed lumbar spine has tenderness in the paravertebral area and bilateral sacroiliac joints. The left straight leg raise test was positive which produced an increase in lumbar spine pain. The Kemp's test was positive bilaterally. There were no documented previous physical therapy sessions. An Agreed Medical Examination dated January 5, 2015 indicates that the patient started a course of physical therapy in 2014. The patient noted that after 8 visits the exercises did not help, and she noted only temporary relief from massage. On 1/21/15 Utilization Review non-certified a request for Physical therapy 2 times a week for 6 weeks for the cervical, lumbar spine, noting the request was not reasonable as she was injured on 4/26/13 and has already completed 8 physical therapy sessions with only slight relief and it is unclear why the injured worker cannot be directed to a self Home Exercise

Program (HEP) by now. The request was not medically necessary. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the cervical, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter and Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy visits for sprains/strains of the spine. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.