

Case Number:	CM15-0028434		
Date Assigned:	02/20/2015	Date of Injury:	02/24/2012
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 2/24/12. The documentation noted that multiple adaptive items were outlined. Gentle stretching and passive range of motion exercises were outlines. A discharge evaluation was completed on January 13, 2015. The diagnoses have included cervical arthritis myelopathy, status post cervical fusion C5-C6. According to the utilization review performed on 1/27/15, the requested Physical Therapy (duration & frequency unspecified) has been non-certified. California Medical Treatment Utilization Schedule (MTUS) 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (duration & frequency unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy (unspecified duration and frequency) is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical arthritis; myelopathy; and status post cervical fusion C5 - C6. The medical record contains documentation of an initial inpatient physical therapy evaluation with follow-up inpatient physical therapy notes. The medical record consists of a 16-page medication administrative record and three interdisciplinary (inpatient) progress notes. The initial inpatient physical therapy evaluation took place on January 14, 2015. There is no documentation in the medical record for outpatient physical therapy in terms of location, frequency, duration and total number of physical therapy sessions to be rendered. Consequently, absent clinical documentation with an outpatient prescription for physical therapy with location to be treated, frequency and duration, physical therapy (unspecified duration and frequency) is not medically necessary.