

Case Number:	CM15-0068092		
Date Assigned:	04/15/2015	Date of Injury:	08/20/2010
Decision Date:	05/14/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/10/2015

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 60-year-old female who sustained an industrial injury on 8/20/10. She has reported initial complaints of tripping and falling with hitting her head on a wall. The diagnoses have included cervical degenerative disc disease (DDD), cervical spondylosis with myelopathy, cervical spinal stenosis, cervical post laminectomy syndrome, lumbosacral spondylosis and lumbar degenerative disc disease (DDD). Treatment to date has included medications, surgery including cervical discectomy and fusion, neck brace, bone stimulator, cane, wheelchair, aqua therapy, physical therapy 40 sessions, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP), speech, psychiatry and cognitive behavioral therapy. The diagnostic testing that was performed included x-rays of the cervical spine, computerized axial tomography (CT scan) scan of the brain, Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Cymbalta Lisinopril, Lyrica and Norco. Currently, as per the physician progress note dated 1/20/15, the injured worker complains of ongoing constant pain in the neck, back and upper extremities and feeling worse. She is status post 7 months repeat cervical fusion. She has been doing home exercise program (HEP) and not been in therapy. She has not been working. She reported that the transcutaneous electrical nerve stimulation (TENS) unit was beneficial. Physical exam of the cervical spine revealed diffuse tenderness throughout the neck and upper back as well as the lower back. He noted that her speech was still halting but was overall improved. The physician noted that she had seen another physician who was requesting further physical therapy sessions. The previous therapy sessions

were noted. Work status was temporary totally disabled. The physician requested treatment included continued physical therapy, twice weekly (8 sessions), and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy, twice weekly (8 sessions), cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

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 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 Continued physical therapy, twice weekly (8 sessions), cervical spine is not medically necessary and appropriate.