

Case Number:	CM15-0070167		
Date Assigned:	04/17/2015	Date of Injury:	10/21/2011
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50-year-old male who sustained an industrial injury on 10/21/2011. His diagnoses, and/or impressions, included lumbago; chronic low back and neck pain; cervical disc disease with stenosis and radiculopathy; lumbar disc disease with multi-level stenosis and radiculopathy; right shoulder rotator cuff tear and impingement; and severely elevated liver enzymes secondary to multiple drug use for work-related injury and Hepatitis C infection; and chronic liver disease. No current magnetic resonance imaging studies are noted. His treatments have included laboratory studies; diagnostic studies; physical therapy; anti-inflammatories; injection therapy; and medication management. Progress notes of 2/20/2015 reported no improvement in his symptoms, which include radiating low back pain, into both legs, and neck pain that radiates into both arms. The physician's requests for treatments were noted to include physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194, 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface ½ Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Medical documentation provided indicates this physical therapy was requested to be post-surgical therapy. The surgical intervention was non-certified; therefore, there is no rationale behind this request. Additionally, the requested number of sessions is in excess of guideline recommendations for acute exacerbations of chronic injuries. As such, the request for Physical therapy, twice weekly for eight weeks is not medically necessary.