

Case Number:	CM15-0071146		
Date Assigned:	04/21/2015	Date of Injury:	04/25/2014
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts

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 47 year old male, who sustained an industrial injury on 04/25/2014. He reported immediate pain in his back radiating up to his neck. The injured worker was diagnosed as having cervical and thoracolumbar sprain/strain with myofasciitis, sprain/strain bilateral shoulders with rotator cuff tendinitis, sprain/strain with extensor or tendinitis bilateral hands/wrists, sprain/strain bilateral knees and patellar tendonitis and residual loss of grip strength bilateral hands. Treatment to date has included physiotherapy, MRI and left carpal tunnel release. According to a progress report dated 02/25/2015, the injured worker had persistent pain in his spine and persistent carpal tunnel symptoms that have failed to respond to bracing and activity modification. The impression was noted as right carpal tunnel syndrome with failure to respond to conservative management, status post left carpal tunnel release with persistent subjective pain, L5-S1 spondylolisthesis grade II, thoracolumbar degenerative disk disease and cervical degenerative disk disease. The provider recommended a course of physiotherapy for the neck and mid and lower back. The provider noted that he had not had an exercise program and was deconditioned. Currently under review is the request for 18 sessions of physical therapy for treatment of cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for treatment of cervical and thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic back pain. When seen, the requesting provider indicates that the claimant had only had a few physical therapy sessions. He was not performing an exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require the amount of continued skilled physical therapy oversight being requested. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The requested additional physical therapy is not medically necessary.