

Case Number:	CM15-0079343		
Date Assigned:	04/30/2015	Date of Injury:	07/24/2014
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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 31-year-old female, with a reported date of injury of 07/24/2014. The diagnoses include neck sprain/strain, thoracic region sprain/strain, minor disc bulge of the cervical spine, and cervicogenic headaches. Treatments to date have included an MRI of the neck, topical pain medication, heat, ice, transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The Initial evaluation dated 03/12/2015 indicates that the injured worker complained of pain in her neck, head, and upper back. She needed some help with her activities of daily living but could manage most of her personal self-care. It was noted that her pain was severe most of the time. The injured worker was currently on modified duty. The physical examination showed tenderness to palpation of the bilateral cervical paraspinal muscles, tenderness to palpation of the bilateral paraspinal muscles in the upper part of the thoracic spine, normal cervical flexion, and limited cervical extension. The treating physician requested six physical therapy sessions for the upper back and six physical therapy sessions for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

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) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six sessions neck 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 exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are sprain and strains of neck; and sprain/strain thoracic region. Subjectively, according to April 17, 2015 progress note, the injured worker's complaints are pain in the neck, head and upper back. Symptoms are worse with repetitive activity and office work. Heat, ice and TENS help with the pain. She also complains of depression and anxiety. Objectively, gait and musculoskeletal examination are unremarkable. Neck examination demonstrates muscle tone of the trapezius is increased and there is palpable tenderness. The documentation does not contain physical therapy progress notes with evidence of objective functional improvement with prior physical therapy. The total number of physical therapy sessions to date is not documented in the medical record. Additionally, modalities such as heat/cold applications and transcutaneous electrical stimulation are not supported based on the guidelines. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. There is no documentation as to whether the injured worker is engaged in a home exercise program according to the physical therapy guideline recommendations. Consequently, absent compelling clinical documentation with objective functional improvement, prior physical therapy notes demonstrating objective functional improvement (and total number PT), compelling clinical facts indicating additional physical therapy is indicated with guideline non-recommendations for heat/cold applications and transcutaneous electrical neuro- stimulation, six sessions neck is not medically necessary.

Physical therapy for the upper back, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

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) Back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the upper back, six sessions 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 exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are sprain and strains of neck; and sprain/strain thoracic region. Subjectively, according to April 17, 2015 progress note, the injured worker's complaints are pain in the neck, head and upper back. Symptoms are worse with repetitive activity and office work. Heat, ice and TENS help with the pain. She also complains of depression and anxiety. Objectively, gait and musculoskeletal examination are unremarkable. Neck examination demonstrates muscle tone of the trapezius is increased and there is palpable tenderness. The documentation does not contain physical therapy progress notes with evidence of objective functional improvement with prior physical therapy. The total number of physical therapy sessions to date is not documented in the medical record. Additionally, modalities such as heat/cold applications and transcutaneous electrical stimulation are not supported based on the guidelines. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. There is no documentation as to whether the injured worker is engaged in a home exercise program according to the physical therapy guideline recommendations. Consequently, absent compelling clinical documentation with objective functional improvement, prior physical therapy notes demonstrating objective functional improvement (and total number PT), compelling clinical facts indicating additional physical therapy is indicated with guideline non-recommendations for heat/cold applications and transcutaneous electrical neuro-stimulation, physical therapy to the upper back, six sessions is not medically necessary.