

Case Number:	CM15-0079383		
Date Assigned:	04/30/2015	Date of Injury:	06/01/1992
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
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 68 year old female patient who sustained an industrial injury on 06/01/1992. The patient had initial complaint of acute onset of pain status post falling, slipping and twisting bilateral ankles resulting in chest, hands, elbows, shoulders, and right hip pains. An orthopedic consultation dated 02/07/2014 reported the patient with subjective complaint of intermittent moderate back pain, bilateral neck, right hip, and left shoulder pains. Resting, icing, compression and elevation help to reduce the pain. She has undergone prior bilateral knee replacements, and bilateral shoulder procedures. Current medications are: Peppermint oil capsules align, and Tylenol. She has undergone magnetic resonance imaging. The following diagnoses are applied: cervical disc displacement, primary; cervical disc degeneration; lumbar disc displacement; spondyloarthritis cervical, and lumbosacral. The plan of care involved: discussion regarding the pituitary cyst, magnetic resonance imaging of brain to further evaluate.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional outpatient physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, 10 additional outpatient physical therapy sessions for the cervical spine are 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. In this case, the injured worker's working diagnoses are cervical disc displacement; cervical disc degeneration; lumbar disc displacement; spondyloarthritis cervical; and spondyloarthritis lumbosacral. Physical therapy progress notes indicate the injured worker received 24 sessions of physical therapy. Additionally, the injured worker received an additional two sessions (according to the utilization review) to be instructed on a home exercise program. There was no progress note documented in the medical record on or about March 18, 2015. The most recent progress note in the record was a physical therapy progress note dated March 15, 2015. There were no compelling clinical facts in the medical record indicating additional physical therapy to the cervical spine is warranted. The utilization review physician initiated a peer-to-peer conference call with the treating provider. The treating provider indicated there was no evidence of acute neuromuscular or musculoskeletal issues that would benefit from additional physical therapy. Consequently, absent clinical documentation with evidence of acute neuromuscular or musculoskeletal issues that would benefit from additional physical therapy (after receiving 24 physical therapy sessions) and compelling clinical documentation indicating additional physical therapy is clinically warranted, 10 additional outpatient physical therapy sessions for the cervical spine are not medically necessary.

10 additional outpatient physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 10 additional outpatient physical therapy sessions to the lumbar spine are 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. In this case, the injured worker's working diagnoses are cervical disc displacement; cervical disc degeneration; lumbar disc displacement; spondyloarthritis cervical; and spondyloarthritis lumbosacral. Physical therapy progress notes indicate the injured worker received 24 sessions of physical therapy. Additionally, the injured worker received an additional two sessions (according to the utilization review) to be instructed

on a home exercise program. There was no progress note documented in the medical record on or about March 18, 2015. The most recent progress note in the record was a physical therapy progress note dated March 15, 2015. There were no compelling clinical facts in the medical record indicating additional physical therapy to the cervical spine is warranted. The utilization review physician initiated a peer-to-peer conference call with the treating provider. The treating provider indicated there was no evidence of acute neuromuscular or musculoskeletal issues that would benefit from additional physical therapy. Consequently, absent clinical documentation with evidence of acute neuromuscular or musculoskeletal issues that would benefit from additional physical therapy (after receiving 24 physical therapy sessions) and compelling clinical documentation indicating additional physical therapy is clinically warranted, 10 additional outpatient physical therapy sessions to the lumbar spine are not medically necessary.