

Case Number:	CM15-0092751		
Date Assigned:	05/19/2015	Date of Injury:	11/05/2008
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 61 year old male, who sustained an industrial injury on 11/5/2008. He reported low back and neck pain. The injured worker was diagnosed as having cervical disc displacement, cervical region sprain, lumbar region sprain, and lumbar/lumbosacral disc degeneration. Treatment to date has included Norco, and urine drug screening. The request is for physical therapy for the cervical spine. On 4/22/2015, he complained of low back pain and right groin pain, which was the same as the previous visit. He is diabetic and on insulin. He is reported to have had a liver transplant in 2009, and a pacemaker implanted. He rated his current pain as 4/10 for his low back. He also complained of continued neck pain with occasional radiation to the bilateral upper extremities and low back. He is not working. Examination revealed negative straight leg raise and Bowstring testing. He has a normal gait. He is noted to have mild weakness and numbness at right C6, decreased cervical spine range of motion by 20%, and decreased lumbar spine range of motion. The record indicates a magnetic resonance imaging of the cervical spine on 6/1/2009 revealed HNP right C4/5 and C5/6, x-rays of the cervical spine and lumbar spine dated 9/10/2014 revealed spondylosis. The reports for the magnetic resonance imaging and x-rays are not available for this review. There are no other records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical Spine, 2 times per wk for 4 wks, 8 sessions as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-2.

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 Physical Therapy for Cervical Spine, 2 times per wk for 4 wks, 8 sessions as an outpatient is not medically necessary and appropriate.