

Case Number:	CM15-0094526		
Date Assigned:	05/21/2015	Date of Injury:	10/18/2013
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/18/2015

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:

This 51 year old male sustained an industrial injury to the back and neck on 5/16/09. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. Documentation did not disclose the number of previous physical therapy sessions completed. In a PR-2 dated 1/15/15, the physician noted that the injured worker's neck and back pain were progressing. The injured worker complained of severe, intolerable neck pain with radiation to the left arm. Requests for cervical fusion had been denied. The physician noted that the injured worker had had no therapy for the cervical spine in more than six months and requested authorization for physical therapy. In an initial orthopedic evaluation dated 3/15/15, the injured worker complained of neck pain rated 8-9/10 on the visual analog scale with radiation of pain, numbness and tin to bilateral arms associated with headaches, left shoulder pain rated 7/10, right shoulder pain rated 3/10, numbness and tingling to bilateral hands and low back pain rated 8-9/10 with radiation to the buttocks, hips and legs. X-rays of the cervical spine taken during the office visit showed advanced retrolisthesis/collapse at C4-5. X-rays of the lumbar spine showed narrowing of the lumbar spine at L3-4 and L5-S1. Magnetic resonance imaging cervical spine showed mild disc space narrowing with bilateral foraminal stenosis at C4-5 and ligamentum flavum hypertrophy with possible synovial cyst at the C7-T1 juncture. Current diagnoses included cervical spine, lumbar spine and thoracic spine sprain/strain, radiation to both upper extremities in the C5 and C8 distribution and multilevel lumbar spondylosis. The physician recommended physical therapy for the lumbar spine and cervical spine and magnetic resonance imaging of the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy for the cervical and lumbar spine: Upheld

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

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 12 visits of physical therapy for the cervical and lumbar spine is not medically necessary and appropriate.