

Case Number:	CM15-0096351		
Date Assigned:	05/26/2015	Date of Injury:	09/03/2014
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: Family Practice

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 male who sustained an industrial injury on 9/3/14 from a motor vehicle accident involving the neck, back arm and chest. Initial diagnoses included motor vehicle accident; neck and low back strain; chest contusion. He was given Ativan, hydrocodone/acetaminophen, ibuprofen, Flexeril and x-rays of the cervical and lumbar spine. Currently he complains of back pain which radiates into the bilateral lower extremities and cervical pain radiates into his hands with numbness and tingling but that it does feel slightly better with therapy and medications. He has intermittent headaches and increased neck spasms. His pain level is 7/10. His activities of daily living are limited in regards to lifting, especially his grandchildren. His overall range of motion has improved since starting physical therapy. He has tenderness on palpation of the upper trapezius and levator scapula and suboccipitals. Medications are Skelaxin, Lidocaine patch, Lodine, Tylenol. Diagnoses include cervical, lumbar, thoracic spine myofascial syndrome with right lower extremity radicular pain and left sciatica; bilateral upper extremity contusion; chest contusion. Treatments to date include chiropractic care, acupuncture, physical therapy which per physical therapy note dated 2/10/15 notes it did not help for cervical spine pain; home exercise program but unable to perform these properly. Diagnostics include MRI of the cervical spine showing multilevel cervical degenerative disc disease and no evidence of cervical radiculopathy; MRI of the lumbar spine shows multilevel degenerative disc disease. In the progress note dated 5/4/15 the treating provider's plan of care includes physical therapy three times per week for six weeks. The injured worker experienced severe flare-up since therapy not approved and attributed reduced pain to therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right upper extremity and lumbar spine 3 times weekly for 6 weeks, quantity: 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines (Lumbar).

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the injured worker is in the chronic phase of injury and has participated in prior physical therapy treatments. The medical records do not establish significant subjective or objective functional gains from prior physical therapy sessions to support additional treatment. Furthermore, the request for 18 sessions of physical therapy exceeds the amount recommended by the MTUS guidelines. The request for Physical therapy for the right upper extremity and lumbar spine 3 times weekly for 6 weeks, quantity: 18 sessions is not medically necessary and appropriate.