

Case Number:	CM13-0004269		
Date Assigned:	12/18/2013	Date of Injury:	10/14/2001
Decision Date:	02/27/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male with a date of injury of 10/14/2001. Listed diagnoses by [REDACTED]. [REDACTED] report on 07/17/2013 are right-sided neck pain with radiation down to the hand, MRI showing multilevel degenerative disk condition with facet arthropathy of the C-spine, known history of right carpal tunnel syndrome, obesity. Recommendation was for extension of physical therapy, 6 more sessions. There are physical therapy request notes from 06/24/2013 for 12 sessions, and 07/12/2013 for 6 additional sessions. The 06/24/2013 report states that the patient did not complete 12 sessions of therapy in April 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT)..

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

Decision rationale: This patient presents with chronic neck and upper extremity symptoms with MRI demonstrating multilevel degenerative disk conditions, spondylosis. The treating physician

has requested additional 6 sessions per report on 07/12/2013 and 07/17/2013 progress report. The review of the medical records show that the patient has had some portion of 12 sessions back in April 2013, and additional potential 12 sessions from June 2013. The treating physician states that the patient's condition is improving and, therefore, he would like to have the patient continue physical therapy. He does not provide any other assessments or discussion regarding the request. MTUS Guidelines, page 98 and 99, allows for fading of treatment frequency and for myalgia and myositis, 9 to 10 visits over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 sessions over 4 weeks. This patient suffers from persistent neck pain, upper extremity radicular symptoms, and MTUS Guidelines allow up to 10 sessions for this type of condition. Based on review of the reports, this patient's physical therapy treatments in 2013 well exceeds the recommended 10 sessions. The request of additional 6 sessions of physical therapy is not supported by MTUS Guidelines. Recommendation is for denial.