

Case Number:	CM13-0011413		
Date Assigned:	11/08/2013	Date of Injury:	11/24/2010
Decision Date:	01/30/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/15/2013

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 & 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 reported a date of injury on 11/24/10. The utilization review from 7/5/13 denied the request for 8 sessions of therapy citing lack of treatment history documentation. [REDACTED], [REDACTED] is the requesting provider, and he provided treatment reports from 4/22/13-8/20/13. Based on the 4/22/13 PR-2 provided by [REDACTED], the patient complains of neck pain off and on, popping above his shoulder, into the head, and under the ear. Pain radiates down the right arm through the veins of his hand. He awakens at night due to pain and there is numbness in his right arm when sleeping on his right side. [REDACTED] also notes the diagnoses as right cervical radiculitis and probable bilateral carpal tunnel syndrome. Also noted from the PR-2 dated 6/6/13 by [REDACTED], the plan was for the patient to consult a hand surgeon for bilateral carpal tunnel and to order physical therapy for cervical spine and right cervical radiculitis. A request for authorization, dated 6/27/13 by [REDACTED], was made for eight sessions of physical therapy for the cervical spine. The only physical therapy report included was dated on 8/19/13 and states patient came in for complaint of neck pain and during the physical therapy session patient had difficulty stretching neck and turning head. No prior physical therapy notes were found in the report regarding the Cervical Spine. The progress report, dated 8/20/13 by [REDACTED], noted that the patient was authorized for six sessions of physical therapy and reports that he has completed two sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: MTUS pg. 98, 99 allows for up to 10 sessions of therapy for sprains/strains, myalgia, neuritis, and radiculitis, the kinds of diagnosis this patient has. There is no evidence that the patient recently underwent any surgery for the cervical spine. The 4/22/13 report by [REDACTED]. [REDACTED] appears to indicate that the patient had received postoperative physical therapy for the shoulder in 2012, but no therapy was reported in regards to the cervical spine. A request for authorization dated 6/27/13 by [REDACTED] was made for eight sessions of physical therapy for the cervical spine, which appears to have been modified either by [REDACTED] or [REDACTED], since authorization was provided by [REDACTED] on 7/23/13 for 6 visits from 6/6/13 - 6/6/14. Being that I am asked to review the original request for 8 physical therapy visits for the cervical spine, this request appears to meet MTUS guidelines, and recommendation is for approval. However, the subsequent authorization of 6 visits by [REDACTED] on 7/23/13 should be incorporated in these 8 sessions, since it appears that my decision and that of [REDACTED] are based on the same request for authorization.