

Case Number:	CM13-0013291		
Date Assigned:	11/08/2013	Date of Injury:	06/04/2012
Decision Date:	05/07/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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:

This patient is a 51-year-old female with date of injury of 06/04/2013. According to the treating physician's report 07/30/2013, patient presents with chronic left shoulder pain at 7/10 previously treated with antiinflammatories, pain medications, and chiropractic therapy Patient Patient has ongoing pain, left-sided neck and head radiating down to the digits. Patient is currently off of work. Current diagnoses are: 1. Migraines, cervicogenic and vascular. 2. Pain in the joint involving the shoulder region, left side. 3. Cervical radiculopathy, left arm. 4. Cervical spondylosis without myelopathy. 5. Degenerative cervical disc disease with radiculopathy. 6. Neck pain. Recommendation was for physical therapy 3 times a week for 4 weeks. Report of the MRI from 07/12/2013 reads severe disc space narrowing at C5-C6 and C6-C7 with posterior disc osteophyte complexes at these 2 levels. Physical therapy reports from June to July 2013 show that the patient has had 11 therapy visitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL TWELVE (12) PHYSICAL THERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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

Decision rationale: This employee presents with chronic neck and shoulder pains with MRI demonstrating severe degenerative disc changes at C5-C6 and C6-C7. There is a request for 12 additional sessions of physical therapy. Review of the reports show that the employee has had 11 sessions of physical therapy according to therapy reports from June and July. The MTUS Guidelines recommend 8 to 10 sessions of physical therapy for myalgia, myositis, neuritis, neuralgia, and radiculitis type of condition that this employee is currently struggling with. The treating physician does not indicate why additional physical therapy sessions are required. There is no discussion of goals, what recent physical therapy treatments have been done, and how the employee is progressing. Review of the treating physician's report shows that the employee has ongoing pain without much improvement from previous visit. It does not appear that physical therapy treatments have been very effective. Finally, the request for 12 sessions, in addition to 11 sessions recently provided, would exceed what is recommended by MTUS Guidelines for this type of condition. Recommendation is for denial.