

Case Number:	CM13-0014709		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2012
Decision Date:	05/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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 injured worker is a 50-year-old female who reported an injury on 09/25/2012. The mechanism of injury was not stated. Current diagnoses include cervical spine myoligamentous injury, rule out herniated nucleus pulposus, left shoulder internal derangement, thoracic pain musculoligamentous injury, left wrist carpal tunnel syndrome and tenosynovitis, gastritis secondary to medication, and secondary sleep deprivation. The injured worker was evaluated on 07/03/2013. The injured worker reported progressively worsening thoracic and cervical spine pain. The injured worker also reported left shoulder and left wrist pain as well as gastritis and sleep deprivation. Physical examination revealed limited cervical range of motion, positive tenderness to palpation with spasm, positive cervical distraction testing bilaterally, positive maximal foraminal compression testing bilaterally, positive Soto-Hall testing bilaterally, diminished sensation in the left upper extremity, and decreased strength in the left upper extremity. Treatment recommendations included a short course of physical therapy for the cervical spine twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR CERVICAL SPINE 2X4 QTY 8: Overturned

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

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

Decision rationale: California MTUS guidelines state 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. Treatment for unspecified for myalgia and myositis includes 9 to 10 visits over 8 weeks. As per the documentation submitted, the injured worker has not participated in a previous course of physical therapy. The injured worker continues to report cervical spine pain with radiation to bilateral upper extremities. The injured worker does demonstrate tenderness to palpation, limited and painful range of motion, positive orthopedic testing, diminished strength, and decreased sensation. The current request for 8 sessions of physical therapy does fall within guideline recommendations for physical medicine treatment. Based on the clinical information received and the California MTUS guidelines, the request is medically necessary.