MAXIMUS Federal Services

Case Number:	CM13-0016720		
Date Assigned:	11/06/2013	Date of Injury:	05/22/2000
Decision Date:	10/31/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 Illinois. 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 45-year-old female, who reported a work related injury on 05/22/2000 due to cumulative trauma. The injured worker's diagnoses consist of degeneration of the cervical intervertebral disc. Past treatment has included medication management and physical therapy. Surgical history consisted of bilateral carpal tunnel surgery on an unspecified date. On examination of 04/30/2013, the injured worker complained of chronic, severe neck pain that has been ongoing since 1995. She described her pain as aching and constant. The injured worker stated that her pain radiated to her shoulder blades. On a good day, the injured worker rated her pain as a 4/10 and on a bad day a 7/10 on a VAS pain scale. The injured worker stated the alleviating factors to reduce her pain included medication, cold, and massage. On physical examination, the injured worker had tenderness in the posterior neck and paraspinal muscles. She had symmetrical weakness distally. She stated she had a history of dropping things with hands "and" opening jars. Her reflexes were intact. The injured worker's prescribed medications included hydrocodone, Dyazide, lisinopril, metformin, and naproxen. The injured worker's treatment plan consisted of a followup in 4 weeks, continuation of medication, authorization for cervical epidural steroid injection, and authorization for 12 PT visits. It is also noted that the injured worker was encouraged to continue a home exercise program, including moist heat, stretches, strengthening, and regular aerobic exercises as tolerated. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 07/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PROSPECTIVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE: Upheld

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 Physical medicine Page(s): 98-99.

Decision rationale: The request for 12 prospective physical therapy sessions for the cervical spine is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. Within the documentation provided for review there was no documentation regarding previous sessions of physical therapy. Additionally, there is little to no comment of functional improvement, or specific comments about short term benefits, the injured worker incurred from previous treatments of physical therapy. In the absence of documentation showing objective functional gains made with previous visits and exceptional factors to warrant additional visits beyond the guideline recommendations, the request is not supported. Additionally, the injured worker was noted to have normal strength, and there was no documentation of any decreased range of motion. As such, the request for 12 prospective physical therapy sessions for the cervical spine is not medically necessary.