

Case Number:	CM13-0019229		
Date Assigned:	10/11/2013	Date of Injury:	09/13/1999
Decision Date:	01/27/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

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, 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 51 year old female who reported an injury on 09/13/1999. The mechanism of injury was not submitted. The patient complained of pain to her cervical spine and right upper extremity. The clinical documentation submitted for review dated 11/02/2012 stated the patient participated in physical therapy and had excellent improvement, better range of motion and decrease pain. The physical examination showed full range of motion of the cervical spine. The clinical documentation submitted for review dated 05/01/2013 stated the patient complained of pain to the neck with limited mobility in her neck. The patient did have right ulnar surgery sometime in 2001 or 2002. The physical examination showed some posterior cervical tenderness with some mild limitation in cervical extension and rotations. The patient had a negative Spurling's sign and reflexes were normal. The patient also had a mildly positive Tinel's sign at the cubital tunnel. X-rays showed disc degeneration at C5-6 with some retrolisthesis of C5 on C6. The clinical documentation submitted for review dated 07/12/2013 stated the patient had undergone 8 sessions of physical therapy. The patient indicated she had about 90% improvement in her neck discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment recommends physical therapy allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. The guidelines state for myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and reflex sympathetic dystrophy: 24 visits over 16 weeks. Although the clinical documentation submitted for review stated the patient had 90% improvement with the physical therapy, the request exceeds the guideline recommendations for physical therapy. As such, the request is non-certified.