

Case Number:	CM13-0025440		
Date Assigned:	03/03/2014	Date of Injury:	02/07/2012
Decision Date:	04/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/17/2013

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, 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 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 patient is a 52 year-old male with a date of injury of 02/07/2012. The listed diagnoses per [REDACTED] are shoulder tendinitis/bursitis and cervical radiculopathy. According to the report dated 07/31/2013 by [REDACTED], the patient presents with some improvement in his neck pain and stiffness. He reports that he is able to laterally rotate and flex the neck more than previously. He has also been able to reduce his intake of medication due to physical therapy sessions. Examination of the cervical spine revealed reduced spasm, tenderness and guarding in the paravertebral musculature and increased range of motion compare too previously. Report from 05/15/2013, notes patient had an MRI of the cervical spine which revealed disc bulging and decreased disc height at C5-6 with both central canal and bilateral foraminal narrowing. There was spasm, tenderness and guarding noted in the paravertebral musculature of the cervical and lumbar spine with decreased ROM. The patient is attempting to avoid more aggressive interventions. The treating physician is requesting 12 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE CERVICAL SPINE, 12 SESSIONS: 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 Page(s): 98-99.

Decision rationale: For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms, 9-10 visits over 8 weeks. Medical records indicate this patient received 6 physical therapy sessions in "late February 2012." These reports were not provided for review. Review of records show patient was approved for another course of therapy in early 2013, the number of sessions and the exact dates the therapy was received was not noted. Utilization review dated 08/23/2013 states the patient has had 12 sessions so far. Although report dated 07/31/2013 shows patient has received some benefits from prior physical therapy, there is lack discussion as to why the patient is unable to start a self directed home exercise program after participating in 12 physical therapy sessions. The treating physician request for additional 12 sessions exceeds what is recommended by MTUS. The request for physical therapy to the cervical spine, 12 sessions is not medically necessary and appropriate.