

Case Number:	CM13-0031797		
Date Assigned:	06/06/2014	Date of Injury:	02/11/2000
Decision Date:	07/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 43 year old female who reported an injury on 02/11/2000 from a slip and fall. The injured worker had a history of pain in the back, neck, shoulder and arm. On examination dated 09/17/2013 the injured worker had severe elbow and forearm pain, moderate to severe lower back pain, moderate upper and mid back pain, and severe neck pain. On physical examination, there was an antalgic gait, tenderness over the cervical and lumbar spine and right upper extremities atrophy. The injured worker has a history of back pain, neck pain, elbow pain and shoulder pain. The treatments have been conservative care chiropractic therapy, physical therapy, radiographs (reversal 14 mm kyphosis), and cervical MRI (multilevel DDD and C5-C6 stenosis, C6-C7 right forearm). Medications included Naprosyn 500mg, Hydrocodone/APAP 10/325mg, and Flexeril 10mg. The treatment plan was for 12 physical therapy visits for the cervical spine (neck), 3 times a week for 4 weeks as an outpatient. The request for authorization was dated 09/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY FOR THE CERVICAL SPINE(NECK), 3 TIMES A WEEK FOR 4 WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California Medical Treatment for Utilization Schedule (MTUS) guidelines recommends physical therapy 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The injured worker has a history of pain to the back, neck, shoulder, and myofascitis. The injured worker also had an unknown number of physical therapy sessions without improvement. No additional documentation for rationale for the physical therapy was provided. There is also a lack of details regarding functional deficits on physical examination to support the need for physical therapy. As such the request for 12 physical therapy visits for the cervical spine (neck), 3 times a week for 4 weeks, as an outpatient is not medically necessary.