

Case Number:	CM13-0038493		
Date Assigned:	12/18/2013	Date of Injury:	03/27/2000
Decision Date:	04/29/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 & 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 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 56-year-old female with date of injury of 03/27/2010. The listed diagnoses according to [REDACTED] dated 07/26/2013 are: 1. Headache 2. Cervicalgia 3. Brachial neuritis or radiculitis, not otherwise specified 4. Cervical disc degeneration 5. Chronic pain syndrome 6. Temporomandibular joint disorders 7. Cervical disc displacement without myelopathy 8. Myalgia and myositis, not otherwise specific According to the progress report by [REDACTED], the patient complains of neck pain going down the arm with chronic headaches. The patient reports that she has been having headaches daily which can last anywhere from 1 to 2 days. She reports that she usually does physical therapy during the summer to be ready to return to work. She reports physical therapy has been helpful in the past. She continues to have moderate pain in her left neck which radiates down the arm. Objective finding shows there is tenderness noted at the right paravertebral levator scapula, right upper trapezius, and Final Determination Letter for IMR Case Number [REDACTED] right infraspinatus area. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Tenderness was also noted in the cervical spine, paracervical muscles, rhomboids, sternoclavicular joint, and trapezius. The examination of the right shoulder shows restricted movements with flexion limited to degrees due to pain, abduction is limited to pain. The treating physician is requesting 8 physical therapy sessions for the cervical spine and shoulders

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE CERVICAL SPINE AND SHOULDERS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine.

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

Decision rationale: This employee presents with chronic neck pain radiating to the arm with chronic headaches. The treating physician is requesting 8 physical therapy sessions for the cervical spine and shoulders. Review of reports from 02/15/2013 to 10/18/2013 do not show any recent physical therapy reports to verify how many treatments were recently provided and with what results. The MTUS Guidelines for physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the employee may benefit from a short course of therapy given the persistent neck and shoulder problems. It does not appear that the employee has had therapy recently. The requested 8 physical therapy sessions is within MTUS recommendations. Therefore, recommendation is for authorization.