

Case Number:	CM13-0041370		
Date Assigned:	12/20/2013	Date of Injury:	12/21/2011
Decision Date:	02/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 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 12/21/11. The request for 12 physical therapy visits for cervical spine between 9/25/13 and 11/11/13 were noncertified on 9/27/13. The rationale for the denial was based on documentation indicating the patient had at least 22 physical therapy sessions prior to the current request with no documented functional improvements. The primary treating physician progress report from [REDACTED] dated 9/24/13 states the patient has continued neck pain and increased right elbow pain with increased tenderness and limited range of motion. A diagnosis of cervical degenerative disc disease and right elbow lateral epicondylitis status post release was made with request for authorization of physical therapy two times a week for six weeks for the cervical spine and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for cervical spine between 9/25/2013 and 11/11/2013.: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with chronic neck pain and right elbow pain. The request is for physical therapy 12 visits. The reports provided for review from [REDACTED] dating from 1/14/13 through 9/24/13 as well as the physical therapy notes dated 9/25/12 through 10/15/12 do not indicate the total number of physical therapy visits previously provided. The physical therapy note dated 10/15/12 indicates that six visits had been completed in the prior two weeks and the patient presented with "no neck pain today", "patient has been responding well to PT interventions". MTUS does not indicate the number of visits outlined for cervical degenerative disc disease. However, cervicgia and radicular symptoms from degenerative disc disease is similar to myalgia/myositis and neuritis/radiculitis for which MTUS guidelines allow 9-10 therapy visits. When reading ODG guidelines for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. In this case, there is a request for 12 sessions, the utilization review indicates history of some 22 sessions, and review of the reports provided show 6 sessions in 2013. The current request for 12 sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial.