

Case Number:	CM13-0042705		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2010
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine, Pulmonary Diseases 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 70 year-old female with a date of injury noted on 08/13/2010 and the mechanism of injury was a fall. The patient has a history on neck pain that has been ongoing since her injury and was noted as 7/10 and stiffness. On examination of the cervical spine it was noted there is loss of normal cervical lordosis and decreased range of motion. Current diagnosis is Cervicothoracic spine strain with possible cervical radiculopathy. The patient's prior treatment includes an unknown number of physical therapy sessions since the date of her injury. The patient received and electromyogram/nerve conduction study of the upper extremities which was noted as abnormal of the upper limbs consistent with bilateral C6-C7 nerve root impingement, chronic, mild, and the right more than the left no findings for upper limb nerve entrapment, neuropathy or plexopathy and a MRI of the cervical spine that indicated multi- level loss on intervertebral disc and disc changes at the C3-C4 C4-C5 and C5-C6 levels with straightening of the normal cervical spine lordosis. There were no prevertebral soft tissue abnormalities. The C4-C5 level right greater than left portion of thecal sac with right para-central cord compression but no cord edema. There were disc bulges noted on the C4-C5 and the C5-C6. The current treatment plan includes additional nine physical therapy session three times a week for three weeks for the cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE ADDITIONAL NINE PHYSICAL THERAPY THREE TIMES PER WEEK FOR THREE WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE..

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), guides line for Chronic Pain Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The number of sessions recommended for Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The patient was noted to have Final Determination Letter for IMR Case Number [REDACTED] previously had physical therapy; however, details including the number of visits completed and measurable objective functional gains made with the treatment were not provided to support additional therapy. In the absence of these details, the request for additional physical therapy is not supported. Therefore, the request for additional nine physical therapy session three times a week for three weeks for the cervical spine is not medically necessary.