

Case Number:	CM13-0044620		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2013
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty Certification in Fellowship trained in Spine Surgery 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 51-year-old female who reported injury on 03/09/2013. The mechanism of injury was stated to be a slip and fall. The patient was noted to have neck pain all of the time and described as shooting and stabbing. The patient was noted to have associated numbness and tingling. The physical examination revealed the Cervical Distraction Test and Cervical Compression Test were negative; however, the patient complained of pain at the base of the neck. The patient was noted to have palpable tenderness of the right paraspinal muscles. The patient was noted to have decreased range of motion of the cervical spine on flexion, extension, and bilateral rotation. The patient was noted to have 1+ muscle spasm at the trapezius bilaterally. The patient was noted to have pain at the termination of motion. The patient was noted to have the diagnoses of cervical strain with right radiculopathy and right shoulder impingement. The request was made for physical therapy to the affected areas 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Twelve additional physical therapy cervical spine 3 times a week for 4 weeks as an Outpatient between 10/21/2013 and 12/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) states that physical medicine with passive therapy 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The physical examination revealed the Cervical Distraction Test and Cervical Compression Test were negative; however, the patient complained of pain at the base of the neck. The patient was noted to have palpable tenderness of the right paraspinal muscles. The patient was noted to have decreased range of motion of the cervical spine on flexion, extension, and bilateral rotation. The patient was noted to have 1+ muscle spasm at the trapezius bilaterally. The patient was noted to have pain at the termination of motion. The clinical documentation submitted for review indicated the patient had prior physical therapy; however, there was a lack of documentation of the quantity of sessions, as well as the patient's objective functional benefit that was received from physical therapy. Additionally, there was a lack of documentation indicating the necessity for 12 sessions of physical therapy. Given the above, the request for 12 additional physical therapy sessions cervical spine 3 times a week for 4 weeks as an outpatient between 10/21/2013 and 12/05/2013 is not medically necessary.