

Case Number:	CM13-0047958		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2012
Decision Date:	03/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice, and is licensed to practice in Texas. 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 58-year-old male who reported a work related injury on January 02, 2012 due to cumulative trauma. The patient has complaints of neck pain, tension headaches, numbness, tingling, and weakness in his upper extremities. Electrodiagnostic studies revealed no cervical radiculopathy in the muscles tested and no evidence of median nerve entrapment at the wrist, of ulnar neuropathy, brachial plexopathy, or of generalized peripheral neuropathy involving the upper limbs. X-rays of the cervical spine revealed straightening of cervical lordosis and multilevel cervical spondylosis. The patient was referred to physical therapy. A request has been made for physical therapy; two (2) times a week for six (6) weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy, two (2) times a week for six (6) weeks for the cervical spine: Upheld

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

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

Decision rationale: The recent clinical documentation stated that the patient was trying to work through his problems and avoid surgical intervention. The California Chronic Pain Medical

Treatment Guidelines recommend 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was no clinical documentation submitted of the patient's previous physical therapy visits and the efficacy of these treatments. It is unclear per submitted documentation how many physical therapy treatments the patient has had to this date for his cervical spine. There was no evidence given that the patient had functional improvements due to his prior physical therapy sessions. Therefore, the request for physical therapy; two (2) times a week for six (6) weeks for the cervical spine is non-certified.