

Case Number:	CM13-0051228		
Date Assigned:	04/09/2014	Date of Injury:	08/11/2011
Decision Date:	05/06/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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:

This is a 74-year-old female with date of injury of 08/11/2011. Per treating physician's handwritten report, 10/16/2013, patient presents with cervical pain and spasm with objective findings showing trapezial spasm, positive Spurling's, positive rhomboid spasm. Listed diagnosis is cervical HNP. Recommendation was for physical therapy, cervical spine, 2 times a week for 6 weeks. Medications were Soma and Lidoderm patches. Review of the reports include utilization review letter by [REDACTED] dated 05/30/2013. Under clinical summary, it states that the current nurse case management notes indicate the patient having been approved for 41 sessions of physical therapy and 30 chiropractic treatments to date. RFA is dated 09/05/2013 for physical therapy 2 times a week for 6 weeks, C-spine. There is a progress report dated 07/26/2013 requesting the same thing, physical therapy 2 times a week for 6 weeks as well as report from 06/14/20103.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 2 X 6 PHYSICAL THERAPY SESSIONS FOR 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 Page(s): 98-99.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck pain. There is a request for physical therapy 2 times a week for 6 weeks. Review of the reports shows that the patient has had some 41 sessions of physical therapy as of May of 2013. The treating physician has been asking for additional physical therapy on each of the visits, June, July, and October. MTUS Guidelines recommend 8 to 10 sessions of physical therapy for myalgia, myositis as well as neuritis, neuralgia type of conditions. There were no physical therapy reports provided for review, and the treating physician does not discuss how physical therapy has been helpful and what goals are to be achieved other than for symptomatic relief. There are no reports by the treating physician describing how physical therapy has even been helpful in symptomatic relief. Review of the reports which shows that this patient has had more than adequate physical therapy in the past. There is no rationale as to why additional physical therapy is needed at this time. The current request exceeds what is typically allowed by MTUS Guidelines for this patient's myalgia, myositis type of condition. Recommendation is for denial.