

Case Number:	CM13-0053083		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2012
Decision Date:	03/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and 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 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 42-year-old injured worker with a date of injury of 02/16/2012. The progress report dated 10/02/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) cervical strain, (2) radiculitis to left upper extremity, C8 dermatomal distribution, (3) degenerative disk disease and cervical spondylosis, (4) left shoulder status post arthroscopy, subacromial decompression, AC joint resection, (5) left shoulder rotator cuff tendinitis. The patient was being evaluated for neck pain. Patient had a recent epidural injection with favorable response and was awaiting physical therapy to maximize benefits from the injection. Exam findings included decreased range of motion in the cervical spine with 30 degrees of rotation bilaterally. The recommendation was made for physical therapy 3 times a week for 6 weeks to maximize the benefits from the epidural injection and to minimize pain. Utilization review letter dated 10/29/2013 issued a noncertification of the 18 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines regarding physical medicine recommends 8 to 10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified. The medical records provided for review indicate that the patient is recently status post cervical epidural steroid injection, which has been beneficial for the patient to decrease neck pain. Based on MTUS guidelines the requested 18 sessions of physical therapy exceeds the guideline recommendation. The request for physical therapy three times a week for six weeks for the cervical spine is not medically necessary and appropriate.