

Case Number:	CM13-0053205		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2002
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
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 Family Medicine and is licensed to practice in Arizona. 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 50-year-old female with a date of injury on 8/17/2002. The patient has been treated for ongoing neck symptoms. The diagnoses include cervicalgia, bilateral shoulder impingement, and C4-5 and C5-6 disc degeneration. The subjective complaints include neck pain that radiates to the bilateral shoulders. A physical exam shows loss of flexion of the cervical spine, tenderness for paravertebral muscles, strength in the upper extremities was intact and mildly reduced sensation in C6-7 dermatome. A previous MRI showed disc protrusion at C4-5. The medications include MS Contin, Prilosec, Trazodone, and Zoloft. Medical records indicate previous physical therapy without mention of duration or results.

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 four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Chronic Pain Guidelines recommend nine to ten (9-10) physical therapy sessions over eight (8) weeks for myalgia and myositis. The Official Disability Guidelines

recommend ten (10) visits over eight (8) weeks for displacement of the cervical disc. This patient's ongoing cervical pain has been present for twelve (12) years, without evidence of new injury or significant worsening of function. The medical records indicate previous physical therapy without reference to the duration, evidence of pain relief, or functional improvement. The patient has previously undergone physical therapy, with unknown results; therefore the medical necessity for further physical therapy is not established.