

Case Number:	CM13-0053555		
Date Assigned:	03/03/2014	Date of Injury:	06/25/2009
Decision Date:	06/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in Interventional Spine. 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:

The patient is a 47-year-old female with date of injury 06/25/2009. Per treating physician's report 10/10/2013, the patient presents with neck pain that radiates into her left arm with numbness and tingling, remains symptomatic especially with repetitive activities, currently taking prescribed medication, without which she is not able to tolerate her pain. The patient is working. Listed diagnoses are persistent neck pain with left upper extremity radiculopathy following C3 to C6 anterior cervical discectomy and fusion from 2010, left shoulder impingement syndrome with AC joint pain, left carpal tunnel syndrome, chronic pain syndrome, improved. Under discussion, the patient is having significant increase in her pain. She has undergone 2 physical therapy visits which were authorized. Based on patient's improvement, decreased pain, and increased in her activities of daily living which is clearly documented in the physical therapy note, recommendation was for further therapy to significantly reduce her symptoms. The patient wants to continue physical therapy for the cervical spine 2 times a week for 4 weeks. The patient wants to continue work. No medication was prescribed. There are therapy notes from 09/12/2013 which states that this is a visit #2 and also 09/09/2013 therapy report stating that this is visit #1. A 09/12/2013 report states, "The patient states that her neck is feeling okay today."

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
(CERVICAL): Overturned**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: THE CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE

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

Decision rationale: This patient presents with persistent chronic neck pain. The request is for physical therapy 2 times a week for 4 weeks in addition to the 2 sessions of therapy the patient recently received. Review of the reports from 01/10/2013 to 10/10/2013 does not show any other physical therapy treatments that the patient had received. No other therapy reports were included for this review. This patient has had multilevel cervical fusion in the past. Review of 01/10/2013 also makes reference to the patient having completed Functional Restoration Program. The patient is currently working. MTUS Guidelines recommend up to 9 to 10 sessions of physical therapy for myalgia and myositis, the type of condition that this patient is suffering from. In this case, the patient recently only had 2 sessions of physical therapy. The requested additional 8 sessions appear medically reasonable given the patient's chronic pain condition, particularly with history of C-spine and lack of any physical therapy treatments in the year 2013. Recommendation is for authorization.