MAXIMUS Federal Services

Case Number:	CM13-0071632		
Date Assigned:	01/08/2014	Date of Injury:	06/10/2010
Decision Date:	07/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational Medicine 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:

The patient is a 60-year-old male who has submitted a claim for neck pain, associated with an industrial injury date of June 10, 2010. The latest progress report, dated December 30, 2013, showed neck pain of 8/10 on pain scale with numbness in the left forearm. Pain is exacerbated with repetitive bending, lifting and overhead activities. A physical examination revealed limited range of motion of cervical spine. There was decreased sensation in the left forearm but no motor weakness involved. The cervical MRI, dated August 2, 2013, revealed C2-C4 mild disc degeneration with mild to moderate foraminal narrowing. C4-C5 cord compression with mild central canal stenosis. C5-C6 bilateral foraminal stenosis and C6-C7 1-2 mm disc bulge with bilateral foraminal stenosis. Treatment to date has included unspecified sessions of physical therapy. The utilization review from December 4, 2013 denied the request for physical therapy cervical, 2-3 x 6 weeks because of the lack of recent medical information concerning 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 CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, patient complained of cervical pain, graded 8/10 in severity, corroborated by findings of limited range of motion and diminished sensation. Physically aggravating factors include repetitive bending, lifting and overhead activities. Physical therapy may be a reasonable option at this time. However, the present request failed to specify the quantity of sessions. Therefore, the request for physical therapy of cervical is not medically necessary.