

Case Number:	CM14-0005003		
Date Assigned:	01/24/2014	Date of Injury:	03/04/2013
Decision Date:	06/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 54 year old female who has complaints of neck, right shoulder, and arm pain. The mechanism of injury is reported as a rubber pallet, propped up against a wall, fell on the back of the injured propelling her forward. The injured stated she tried to brace herself with her hands. The note indicates complaints of a tingling sensation at the right shoulder, hands, and fingertips. Numbness was identified at the 1st, 2nd, and 3rd fingers. The patient reported a gradual onset of the numbness and tingling that had been intermittent over the course of several days. The clinical note dated 03/18/13 indicates ongoing complaints of radicular pain from the neck into the right upper extremity. The therapy note dated 03/22/13 indicates the patient having initiated physical therapy for the neck and upper extremity complaints. The x-rays of the cervical spine dated 07/16/13 revealed a lower cervical spondylosis with abnormal straightening. A reduced mobility was identified with flexion and extension views. However, no subluxation of the cervical vertebral bodies was identified. The clinical note dated 10/21/13 indicates an approval for eight physical therapy sessions. The note further indicates the patient undergoing chiropractic treatments as well. The clinical note dated 11/12/13 indicates continued complaints with right forearm pain and numbness. The note indicates physical therapy had not resulted in significant objective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PT 2X4, CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICAL THERAPY, 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Therapy and Medicine.

Decision rationale: The request for continued physical therapy twice a week for four weeks for the cervical region is not medically necessary. The documentation indicates the patient complaining of cervical pain with right upper extremity involvement. The clinical notes indicate the patient having undergone a course of physical therapy. Continued physical therapy would be indicated provided the patient meets specific criteria to include an objective functional improvement through the initial course of treatment. No objective data was submitted confirming a positive response to the previously rendered treatments. Given this, the request is not medically necessary.