

Case Number:	CM14-0008272		
Date Assigned:	02/12/2014	Date of Injury:	10/08/2004
Decision Date:	06/24/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation 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 59 year old female who was injured on 10/08/2004 due to repetitive activity. Prior treatment history has included physical therapy, acyclovir 800 mg, amitriptyline Hcl 25 mg, citalopram hydrobromide 40 mg, Flector 1.3% Transdermal patch, Hydrocodone-acetaminophen 10/325 mg, lisinopril-hydrochlorothiazide 20/12.5 mg, and metro Nidazole 0.75% gel. The patient underwent anterior cervical surgery in March 2005 and post cervical surgery in September 2005. PR2 dated 02/13/2014 states the patient presents with pain in the neck with reduced range of motion. The hands are positive for numbness and tingling all the time. She states the brace does not help. On exam, her neck ranges of motion exhibit flexion to 30 degrees on the left and 45 degrees on the right; She is tender over the C7-T1 on the left. She does have trapezius muscle spasm. There is tenderness over C4, C5, C6, C7 on the right with paraspinal and trapezius muscle spasm. She has bilateral grip weakness and 3/5 strength in wrist extension bilaterally. She has 3/5 finger abduction bilaterally. The patient is diagnosed with cervical sprain, cervicgia, and cervical neuritis. The patient has been referred for physical therapy twice a week for 6 weeks. Prior UR dated 01/04/2014 states the request for 12 physical therapy visits twice a week for 6 weeks of the cervical spine is non-certified as there is no subjective and objective documentation to support the request and the medical necessity has not been identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS, 2X6 FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN PHYSICAL MEDICINE, 130

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, , Physical Medicine is recommended as a modality of treatment to that is very important in reducing swelling, decreasing pain, and improving range of motion, allowing for fading of treatment frequency, plus active self-directed home Physical therapy is also recommended. Clinical information is limited and there is no evidence of musculoskeletal exam on the records. Also, there is no documentation of prior therapy notes, documenting any improvement in the objective measurements such as pain level, ROM, strength and functional gain with physical therapy in the past. Furthermore, there is no evidence of any new injuries or flare ups. Therefore, the medical necessity of the requested service is not medically necessary.