

Case Number:	CM14-0101642		
Date Assigned:	07/30/2014	Date of Injury:	01/02/2014
Decision Date:	10/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 57 years old male with an injury date on 01/02/2014. Based on the 05/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. C5-6 and C6-7 stenosis with bilateral neural foraminal stenosis and left bilateral upper extremity radiculopathy with positive EMG/NCV studies. 2. Thoracic disc bulges. According to this report, the patient complains of persistent neck and upper extremity pain that radiates into the bilateral arms; left greater than right. Pain is described as sharp and aching with numbness sensation in the left fingers. The patient rates the pain as a 5/10 for the neck; 4/10 for the right shoulder and low back; 6/10 for the left arm; 3/10 for the bilateral hand and foot; and 2/10 for the chest pain. Physical exam reveals cervical and thoracic paraspinals tenderness. Decreased sensation is noted at the C5 and C6 dermatomes bilaterally. Tinel's sign is positive about the medical epicondyle. Thoracic range of motion is limited by 50%. There were no other significant findings noted on this report. The utilization review denied the request on 06/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2014 to 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Physical Therapy to the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with persistent neck and upper extremity pain that radiates into the bilateral arms; left greater than right. The provider is requesting 8 sessions of physical therapy to the cervical spine. The utilization review denial letter states "This claimant has had extensive physical therapy/chiropractic treatments for this chronic condition." The 04/22/2014 report mentions, that the patient is undergoing therapy, therapy has been very helpful; 20-30% improvement. Time-frame and number of sessions for these treatments are unknown. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show no therapy reports to verify the number of treatments and the patient's status. The provider does not discuss how many treatments this patient has had and whether or not the patient is able to transition in to home program. MTUS supports 8-10 sessions of therapy for this type of condition and it would appear that the patient has had some therapy. Additional 8 sessions likely exceeds what is recommended by MTUS. Recommendation is for denial.

Eight (8) sessions of Physical Therapy to the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with persistent neck and upper extremity pain that radiates into the bilateral arms; left greater than right. The provider is requesting 8 sessions of physical therapy to the thoracic spine. The utilization review denial letter states "This claimant has had extensive PT/chiropractic treatments for this chronic condition." The 04/22/2014 report mentions, that the patient is undergoing therapy, therapy has been very helpful; 20-30% improvement. Time-frame and number of sessions for these treatments are unknown. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show no therapy reports to verify the number of treatments and the patient's status. The provider does not discuss how many treatments this patient has had and whether or not the patient is able to transition in to home program. MTUS supports 8-10 sessions of therapy for this type of condition and it would appear that the patient has had some therapy. Additional 8 sessions likely exceeds what is recommended by MTUS. Recommendation is for denial.