

Case Number:	CM14-0103610		
Date Assigned:	07/30/2014	Date of Injury:	03/01/2006
Decision Date:	10/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Emergency Medicine and Fellowship trained in Emergency Medical Services 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 58-year-old female with a reported date of injury on 03/01/2006. The injury reportedly occurred when the injured worker was moving a box from an overhead shelf which was jammed. Her diagnoses were noted to include cervical radiculopathy, cervical facet syndrome, and entrapment neuropathy to the upper limb, shoulder pain, carpal tunnel syndrome, and muscle spasm and wrist pain. Her previous treatments were noted to include lumbar epidural steroid injection, physical therapy, acupuncture, psychotherapy, TENS unit and surgery. The physical therapy progress note dated 05/07/2014 for the initial evaluation reveals decreased cervical range of motion with full extension, full flexion with a report of pulling pain to the posterior cervical region, the side bending was slightly limited with a headache and left side bending was slightly limited due to pain to the upper trapezius. The left rotation noted a pulling pain to the cervical region and right rotation noted a pulling pain to the scapular region. The physical therapy progress note dated 07/03/2014 revealed full range extension to the cervical spine, flexion full range with a report of pulling pain to the posterior cervical region, side bending approximately 40 degrees either direction, rotation with 60 degrees with pain to the cervical region at the end of the upper range towards rotation. The progress note dated 06/04/2014 revealed complaints of neck pain that radiated from the neck down both arms. The injured worker complained of right upper extremity pain rated with medications 4/10 and without medications 5.5/10. The injured worker complained of anxiety, depression, and that it came and went. The injured worker indicated she had completed 5 out of 6 physical therapy sessions. The physical examination of the cervical spine revealed a restricted range of motion with flexion limited to 25 degrees, extension to 35 degrees, right lateral bending to 15 degrees, left lateral bending to 15 degrees, left lateral rotation to 35 degrees, and right lateral rotation to 35 degrees, limited by pain. Upon examination of the paravertebral muscles, hypertonicity,

spasm, tenderness, tight muscle band, trigger point (a twitch response was obtained along the radiating pain on palpation) and dysesthesia was noted. The Spurling's maneuver caused pain to the muscles of the neck radiating to the upper extremity and there was improved radicular pain with cervical traction. The sensory examination revealed decreased sensation to the C5, C6, C7, C8 and T1 dermatome. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy 2 times a week times 3 weeks to the cervical spine, for educating on a home exercise program and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 3wks Cervical Spine: Upheld

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

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

Decision rationale: The injured worker has participated in 5 out of 6 sessions of physical therapy according to the documentation submitted. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance, and functional activity with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding quantifiable objective functional improvements with the previous physical therapy sessions. Additionally, the request for 6 additional physical therapy sessions would exceed guideline recommendations of 9 to 10 sessions. Therefore, the request is not medically necessary.