

Case Number:	CM14-0014485		
Date Assigned:	02/28/2014	Date of Injury:	05/02/2012
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Interventional Spine, 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 with an injury date of 05/02/12. Based on the 01/08/14 progress report provided by the physician, the patient complains of neck pain which radiates into both arms. He also notes more pain in the shoulders. The patient's diagnoses include the following: 1. Cervical pain, 2. Cervical radiculopathy, 3. Disc disorder cervical. The treating physician requests for physical therapy treatment to the cervical spine for 12 sessions, 2 times a week for 6 weeks. The utilization review determination being challenged is dated 01/17/14. The treating physician provided treatment reports from 08/21/13- 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT TO THE CERVICAL SPINE FOR 12 SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 98-99.

Decision rationale: According to the 01/08/14 report by the treating physician, the patient presents with neck pain which radiates into both arms and shoulder pain. The request is for physical therapy treatment to the cervical spine for 12 sessions, 2 times a week for 6 weeks. The purpose of this physical therapy is to develop a home exercise program for the cervical spine including stretching and strengthening. Review of the reports show that the patient has had previous physical therapy sessions; however, there is no indication of how many or over what time frame these sessions took place. The 08/21/13 report states that the patient "was treated conservatively with physical therapy." The Chronic Pain guidelines states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 total sessions of therapy for the patient's cervical spine. The request of 12 sessions exceeds what is allowed according to the guidelines recommendations. The request is not medically necessary and appropriate.