

Case Number:	CM14-0017395		
Date Assigned:	04/14/2014	Date of Injury:	09/15/2007
Decision Date:	05/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/11/2014

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 51-year-old female with a date of injury of 09/15/2007. The listed diagnoses per [REDACTED] are cervical disk disease/cervical radicular symptoms, left CTS and bilateral sensory ulnar neuropathy, lumbar disk disease/lumbar radiculopathy, Gastritis and Non-Hodgkin's lymphoma. Provided in the 29-page medical file are 3 reports, all dated back in 2011. The utilization review dated 02/10/2014 does reference a progress report from 02/03/2014. The utilization report states the patient reported a pain of 7/10. Cervical range of motion was 50% limited in all planes. There was weakness to both upper extremities. Sensory deficit noted at C6, C7 and C8 dermatomes. Lumbar range of motion was 50% of expected with give-way weakness of left leg. Sensory deficit of the left leg noted at L5 and S1 dermatomes. The request is for physical therapy for the cervical spine, a cervical pillow, and a neoprene wrist/thumb brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS ON THE CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: This patient presents with chronic neck pain. The provider is requesting 6 physical therapy sessions to address the cervical spine. For physical medicine, the California MTUS Guidelines, pages 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 visits over 8 weeks. The medical file provided for review includes progress reports dated 01/04/2011, 06/02/2011 and 06/03/2013. There are no indications that the patient had any physical therapy during that time. The Utilization review dated 02/10/2014, references a progress report from 02/03/2014, which also does not indicate the patient has had any recent physical therapy. Given the patient's continued neck complaints and decreased range of motion, 6 physical therapy sessions may be indicated. Recommendation is for approval.