

Case Number:	CM14-0018928		
Date Assigned:	05/07/2014	Date of Injury:	06/02/2011
Decision Date:	08/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 06/02/2011 due to cumulative trauma. The clinical note dated 08/23/2013 noted that the injured worker presented with right-sided headaches, right cervical and thoracic musculoskeletal pain and right upper extremity shoulder, upper arm, forearm, hand and wrist on and off numbness and weakness. Upon exam, there was right-sided cervical musculoskeletal tenderness; the cervical and thoracic regions of the spine were remarkable for right-sided musculoskeletal tenderness and pain upon palpation. There was noted decreased grip strength in the upper right extremity and a complaint of pain in the right upper extremity on passive resistance muscle testing. The diagnoses were cervicalgia, cervical and thoracic strain and right upper cervical radiculopathy. Prior treatment included close to 24 physical therapy visits. The current treatment recommendations were chiropractic visits for 12 visits for cervical and thoracic spine issues and the initiation of Tylenol and Advil medications as well as Cyclobenzaprine, muscle relaxants and Menthoderm to be used on an as needed basis and modified work duties. The provider recommended 12 sessions of physical therapy to the neck/right cervical spine, the rationale was not provided. The Request for Authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Physical Therapy to Neck (Right 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.

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy. There were a noted 24 visits of physical therapy to have been completed, and the request for 12 additional sessions exceeds the guideline recommendations. Therefore, 12 Sessions Physical Therapy to Neck (Right Cervical Spine) is not medically necessary.