

Case Number:	CM14-0019449		
Date Assigned:	04/23/2014	Date of Injury:	01/21/2010
Decision Date:	07/14/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/15/2014

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for cervical spinal stenosis, and myofascial pain associated with an industrial injury date of January 21, 2010. The treatment to date has included muscle relaxants, narcotics, home exercise program, physical therapy, and anterior cervical discectomy and fusion C5-C6 surgery on February 2011. The medical records from 2013 to 2014 were reviewed. The patient complained of chronic intermittent neck pain, stiffness, muscle tension and tightness, loss of mobility with occasional left upper extremity tingling and numbness. The pain was aggravated by usual activities impairing his daily activities. The physical examination showed tenderness at C4-5, C6-7, T7-8; mild tenderness and hypertonicity of the mid and upper scapular muscles; range of motion limitation; MMT of 4/5 on the left upper extremity; impaired left C6, C7, and C8 dermatomes; and 0-1+ deep tendon reflex over the C5, C6, and C7. The utilization review from February 11, 2014 modified the request for 12 cervical physical therapy visits to 6 cervical physical therapy visits. The patient had post-operative physical therapy; however, worsening of symptoms was noted. Goals of treatment were presented. Thus, the request was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. Physical therapy (PT) of 9-10 visits over 8 weeks is recommended for myalgia and myositis; while 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. On page 114 of Chapter 6: Pain, Suffering, Restoration of Function of the California Non-MTUS ACOEM Guidelines, it stresses the importance of time-limited treatment plan with clearly defined functional goals. In this case, the patient has been diagnosed with cervical radiculopathy, and myofascial pain. The patient underwent cervical fusion in 2011 with post-operative physical therapy. The patient has no recent physical therapy, since the latest physical therapy report is dated March 2013. There is current worsening of symptoms that warrant commencement of physical therapy. However, the present request exceeds the recommended total number of visits as stated by the guidelines above. Furthermore, there was no mention of a definite functional goal that should be achieved with the patient's re-enrollment to this program. Therefore, the request for physical therapy, 2 times a week for 6 weeks for the cervical spine is not medically necessary.