

Case Number:	CM14-0114930		
Date Assigned:	08/04/2014	Date of Injury:	06/11/1998
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 06/11/1998. The mechanism of injury was not provided for clinical review. The diagnoses included displacement of the cervical disc without myelopathy, displacement of thoracic disc without myelopathy, displacement of lumbar disc without myelopathy. Previous treatments include medication, exercise and acupuncture. In the clinical note dated 06/18/2014, it was reported the injured worker complained of headaches and ringing of the ears due to pain in the neck. The injured worker reported actively walking 2 miles 4 times a week. On the physical examination, the provider noted the upper extremity strength was 4/5 on the left and 5/5 on the right. The provider noted tenderness to palpation of the cervical spinous process and musculature of the cervical region increased on the right to the left. The provider noted the injured worker had equal sensation to light touch in the upper extremities. The injured worker had limited range of motion of the back. The provider requested physical therapy to decrease spasms and pain in the neck. The request for authorization was submitted and dated 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the neck, for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck and Upper Back, Procedure Summary.

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

Decision rationale: The request for physical therapy to the neck, for 12 sessions, is not medically necessary. The injured worker complained of headaches and ringing in the ears due to pain in the neck. The California MTUS Guidelines state 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. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability and decreased flexibility. The request submitted for 12 sessions of physical therapy exceeds the guidelines recommendation of 8 to 10 visits. Therefore, the request is not medically necessary.