

Case Number:	CM14-0139326		
Date Assigned:	09/05/2014	Date of Injury:	11/23/2006
Decision Date:	10/09/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Texas and Ohio. 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 57-year-old female who reported an injury on 11/23/2006 due to unspecified mechanism of injury. The injured worker complained of cervical spine pain. The injured worker had a diagnoses of right cervical radicular syndrome, cervical disc protrusion at the C4-5 and the C5-6 with degenerative spondylolisthesis at the C5-6, right lumbar radiculopathy, and lumbar disc protrusion at the L4-5 and extruded disc herniation at the L5-S1. The physical examination dated 08/14/2014 of the cervical spine revealed tenderness to palpation over the upper, mid and lower cervical paravertebral muscles. The range of motion revealed flexion at 25 degrees and extension at 20 degrees. There was increased pain with cervical motion. The Spurling's, Adson's and Wright maneuvers were negative. The injured worker had a nonantalgic gait and was able to perform the heel to toe walk without difficulty. Decreased sensation to the right upper extremity was noted at the C6 distribution. No medications were noted. The treatment plan included authorization for 12 physical therapy visits and followup in 6 weeks. The request for authorization dated 09/05/2014 was submitted with documentation. No rationale for the request for physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for PT cervical is not medically necessary. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation indicated that the injured worker had already received 12 visits of physical therapy. The clinical notes did not warrant additional physical therapy. The guidelines recommend 8 to 10 visits. The injured worker had already exceeded her amount at 12 visits. The request did not indicate the amount of visits for physical therapy. As such, the request is not medically necessary.