

Case Number:	CM14-0159039		
Date Assigned:	10/02/2014	Date of Injury:	11/01/2010
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Indiana. 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:

This injured worker is a 48 year old female employee with date of injury of 11/1/2010. A review of the medical records indicate that the injured worker is undergoing treatment for cervical arthrosis with radiculopathy and tension headaches, trapezial and paracervical strain, and right cubital tunnel syndrome status post right lateral epicondylar repair. Subjective complaints include neck stiffness and constant pain radiating into head and down arms. Objective findings include exam revealing pain in cervical spine with decreased range of motion, tenderness on the right for trapezial and paracervical regions, positive Spurling's Test on the right, right elbow 10 flexion with some pain with maximum extension; mild lateral epicondylar tenderness on the right. Physical therapy had been performed in the past, but on another part of the body (elbow). The utilization review dated 9/23/2014 partially certified the request for 12 Physical Therapy Sessions modified to 6 Physical Therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical

Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines and the utilization reviewer modified the request to 6 initial visits. As such, the request for Physical Therapy twelve sessions is not medically necessary.