

Case Number:	CM14-0164687		
Date Assigned:	10/09/2014	Date of Injury:	07/02/2014
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 a 59-year-old male with a date of injury of 07/02/2014. The listed diagnoses per [REDACTED] are: 1. Cervicalgia. 2. Cervical spondylosis without myelopathy. 3. Strain, lumbar region. According to progress report 09/15/2014, the patient presents with continued neck pain and bilateral hand numbness and tingling. The patient reports neck pain with activity and numbness and tingling with and without activity. Examination findings revealed "normal gait and arm swing without assistive device. 5/5 UE and neuro intact. Positive Tinel's in the bilateral elbows." MRI of the lumbar spine from 08/21/2014 showed mild disk protrusions. X-ray of the lumbar spine from 08/13/2014 was normal. The patient is permanent and stationary. The treator is requesting Zanaflex, naproxen, and physical therapy 3 times a week for 4 weeks. Utilization review denied the request on 09/29/2014. The medical file provided for review includes this one progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3 x 4: Upheld

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

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

Decision rationale: This patient presents with continued neck pain and bilateral hand numbness and tingling. The treater is requesting physical therapy 3 times a week for 4 weeks. The medical file provided for review includes one progress report. This report does not discuss physical therapy treatment history. Utilization review indicates that the patient has participated in 6 physical therapy sessions so far. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treater's request for 12 additional sessions exceeds what is recommended by MTUS. Recommendation is for denial.