

Case Number:	CM14-0180784		
Date Assigned:	11/05/2014	Date of Injury:	11/24/2012
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 injured worker is a 44 year-old individual with a date of injury of 11/24/12. The patient's industrially related diagnoses include cervicalgia, cervical radiculopathy, and shoulder pain. Diagnostic work-up has consisted of electrodiagnostic studies and cervical MRI. A cervical MRI on 1/6/2014 reveal multilevel cervical spondylosis without central canal stenosis. An electrodiagnostic study on 7/17/14 demonstrated left carpal tunnel syndrome and left C6 radiculopathy. The disputed issue is a request for 12 session of physical therapy that was requested on 9/22/2014. A utilization review determination on 10/1/2014 had noncertified this request. The stated rationale for the denial was that there was limited information available as to prior physical therapy and the outcome of any such therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (cervical), 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

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

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

Decision rationale: Multiple progress notes from physical therapy were reviewed. A provider note on date of service 11/6/2014 indicates that the patient has 8/10 pain in the neck and shoulders. The PT notes from September 2014 indicate that the therapy continues to focus on the neck and bilateral shoulder regions. In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Furthermore, it appears the patient has undergone PT for at least 7 session in September. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.