

Case Number:	CM14-0021186		
Date Assigned:	05/07/2014	Date of Injury:	09/15/2010
Decision Date:	07/24/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 52 year old female with an injury date on 09/05/2010. Based on the 01/17/2014 progress report provided by [REDACTED], the diagnoses are: Cervical myofascial pain syndrome; Cervical C5-6 bulging disc; Cervical radiculitis; Cubital tunnel syndrome; Status post right carpal tunnel release. An exam on 01/17/2014 shows limited cervical range of motion in all directions, most severe with lateral rotation and flexion bilaterally. Myofascial spasm is palpable at cervical region along the posterior shoulder. [REDACTED] is requesting 12 physical therapy visits for the cervical spine. The utilization review determination being challenged is dated 1/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/17/2013 to 7/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines..

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

Decision rationale: This patient presents with neck and upper extremities with paresthesias. The request is for 12 sessions of physical therapy but the treating physician's report containing the request and request for authorization form is missing to determine the date of request. Review of the report shows the treater does not mention what the patient's therapy treatment history is and how the patient has responded to prior treatments. There is no discussion regarding the patient's home exercises for the neck and arm. Regarding neuralgia, neuritis, and radiculitis type condition, the MTUS Chronic Pain Guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. In this case, there is a lack of recent therapy history and the rationale regarding the request. Furthermore, the requested 12 sessions exceeds 10 sessions allowed per the MTUS Chronic Pain Guidelines for the kind of condition that the patient is suffering from. As such, the request is not medically necessary and appropriate.