

Case Number:	CM14-0024834		
Date Assigned:	06/13/2014	Date of Injury:	04/15/1981
Decision Date:	08/05/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Texas and Oklahoma. 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 79-year-old male who reported an injury on 04/15/1981 due to an unknown mechanism of injury. The injured worker had complaints of neck pain and bilateral shoulder pain associated with numbness and tingling. Physical examination on 05/09/2014 revealed positive tenderness overlying the cervical paravertebral muscles bilaterally. There was positive tenderness overlying the occipital groove bilaterally. There was positive tenderness overlying the cervical facets, right greater than left. Muscle strength was 5/5, bilateral and symmetrical in the upper extremities. Range of motion for the cervical spine was flexion to 30 degrees, extension was to 10 degrees, and lateral bending was to 10 degrees. There was a negative Phalen's test and a negative Tinel's test. Neurological exam revealed intact light touch and pinprick bilaterally in the upper extremity. The Spurling's test was negative. The injured worker rated his pain on the VAS scale 5/10. Medications for the injured worker were Fentanyl 50 mcg/hour as needed and Norco 10/325 as needed every 6 hours. Diagnoses for the injured worker were cervical degenerative disc disease; cervical radiculitis; cervical facet arthropathy; failed back surgery syndrome, cervical; cervical/myofascial pain syndrome, and C4-6 anterior cervical fusion. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE 2 TIMES A WEEK FOR 6 WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for 12 additional sessions of physical therapy for the cervical spine 2 times a week for 6 weeks as an outpatient is not medically necessary. There was no significant change noted of functional status for the injured worker in the clinical document. It was not reported that the injured worker was participating in an at home exercise program. The injured worker has had previous physical therapy sessions from 11/13/2013 to 03/26/2014. The injured worker had improved significantly with functional mobility. The California Medical Treatment Utilization Schedule states physical therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The injured worker had 24 physical therapy sessions in the past. No exceptional factors were provided to support 12 additional sessions of physical therapy beyond the injured worker's excessive number of previous visits. Therefore, the request is not medically necessary.