

Case Number:	CM14-0033733		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2010
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 Interventional Spine 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 47-year-old with an injury date on 4/19/10. The patient complains of neck pain with radicular symptoms into the arms and headaches per the 1/13/14 report. The patient is taking Norco, Anaprox, and Ultram, and has failed conservative modalities such as heat, ice, stretching, and ultrasound therapy per the 1/13/14 report. Based on the 1/13/14 progress report provided by [REDACTED], the diagnoses are: 1. disk lesion of the cervical spine. 2. status post arthroscopic surgery of right shoulder times one (1). 3. rotator cuff repair of the left shoulder times one (1). 4. signs and symptoms of a complete full thickness tear of the right shoulder. 5. symptoms of anxiety and depression. 6. symptoms of insomnia. 7. tendonitis, carpal tunnel syndrome, right hand and wrist. 8. later epicondylitis, right elbow. 9. status post umbilical hernia repair. An exam of the cervical spine on 1/13/14 showed range of motion is moderately limited. There was tightness in the cervical paraspinals. The foraminal compression test is positive. [REDACTED] is requesting physical therapy for the cervical spine times six (6) visits. The utilization review determination being challenged is dated 2/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/21/13 to 1/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck pain radiating into the arms and is status post shoulder surgery in 2011. The treater has asked for physical therapy for the cervical spine times six (6) visits, but no request for authorization was provided in the reports. The review of the provided report shows no evidence of prior physical therapy. The Chronic Pain Guidelines allow for eight to ten (8-10) sessions of physical therapy for various myalgias and neuralgias. Considering the patient has not had any physical therapy recently, the requested six (6) sessions seems reasonable and within the MTUS guidelines. In addition, the patient still has significant functional range of motion deficits. The request is medically necessary.