

Case Number:	CM14-0034398		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2002
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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 Louisiana. 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 67 year old female who was injured on 10/01/2002. The mechanism of injury is unknown. Orthopedic supplemental report dated 02/12/2014 indicates the patient presented with pain and discomfort to her neck, upper back without numbness or paresthesias to the hand bilaterally. On exam, the cervical spine has mild tenderness. She flexes her chin 2 inches short of touching her chest, extends to 20 degrees, laterally bends to 20 degrees bilaterally and laterally rotates to 60 degrees to the right and 60 degrees to the left. The right wrist revealed evidence of tenderness in the trapezius muscle area bilaterally. There was mild swelling. There was no spasm and full range of motion was noted. On the right, motor and sensory function were intact. Diagnoses are cervical spine strain, bilateral carpal tunnel syndrome, and bilateral trapezius muscle strain. The treatment and plan included physical therapy twice a week for four weeks. Prior utilization review dated 02/21/2014 states the request for eight sessions of physical therapy to the trapezius and cervical spine is not certified as there is no documented functional improvement from completed sessions and there is no indication that the patient has had recent flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical therapy sessions to the trapezius and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC, Neck and Upper Back, procedure summary, last updated 12/16/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Physical Therapy.

Decision rationale: The request for eight sessions of physical therapy to the trapezius and cervical spine is not certified as there is no documented functional improvement from completed sessions and there is no indication that the patient has had recent flare-ups. Official Disability Guidelines recommends home exercise programs after the first round of physical medicine. The Chronic Pain Medical Treatment Guidelines states physical medicine can be effective in the early phases of pain treatment. This patients injury dates back to 2002. The medical necessity for this request has not been established.