

Case Number:	CM14-0035123		
Date Assigned:	06/23/2014	Date of Injury:	05/22/2012
Decision Date:	08/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Texas. 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 35 year old female who was injured on 5/22/2012, related to the cervical spine region. The patient was re-evaluated on 6/4/2013, presenting for follow-up on her cervical spine. She states she has finished physical therapy and that it was helpful. She continues to have cervical pain rated 6/10. Medications are Cymbalta, Voltaren gel, Naproxen as needed, and Soma as needed. Physical examination of the neck revealed tenderness, positive trapezius spasm, restricted flexion/extension, intact neurosensory and 5/5 motor strength throughout the bilateral upper extremities. She has improved with PT and Cymbalta as well. Her neck motion is better and is not as painful. She remains on temporary total disability (TTD) status. Recommendations included continued PT and medications. The patient had a follow up on 6/20/2013, regarding the cervical spine. She continues to have cervical pain rated 7/10. Recommendations included cervical facet injections, continued PT, and medications. She remains TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy, two times a week for six weeks for cervical spine:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Page(s): 7.

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

Decision rationale: Physical Medicine Guidelines recommend to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For diagnoses of myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. The patient's industrial injury dates back more than 2 years. She has received adequate supervised therapy to date. She has recently attended 8 PT sessions, which is consistent with the recommended number set per the MTUS Guidelines; which also state, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Although the patient claimed PT was helpful, the medical records do not reveal any significant improvement in pain and objective function with rendered care. Furthermore, the medical records do not indicate why the patient is unable to utilize the instructions gained from her prior course of therapy and actively perform an independent home exercise program to maintain function and prior gains. As such, the request is not medically necessary.