

Case Number:	CM14-0036172		
Date Assigned:	06/25/2014	Date of Injury:	05/23/2013
Decision Date:	11/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 & 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:

According to the records made available for review, this is a 33-year-old male with a 5/23/13 date of injury. At the time (3/4/14) of request for authorization for outpatient physical therapy for the cervical two times per week for five weeks, there is documentation of subjective (continued neck pain radiating up to the neck and into the right shoulder, numbness in the right hand) and objective (positive Spurling test, full range of motion of the bilateral shoulders, decreased sensation to touch on the forearm) findings, current diagnoses (cervical radiculopathy, cervical myofascial pain), and treatment to date (medications, chiropractic, and physical therapy). The number of physical therapy visits completed to date cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services because of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy for the Cervical Two times Per Week for Five Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation TWC guidelines -- <http://www.odg-twc.com/preface.htm> Physical Therapy Guidelines (page 26 of the hardcopy ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home Physical Medicine/Therapeutic Exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical radiculopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy and cervical myofascial pain. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services because of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for outpatient Physical Therapy for the Cervical Two Times per Week for Five Weeks is not medically necessary.