

Case Number:	CM14-0038358		
Date Assigned:	06/25/2014	Date of Injury:	08/25/2008
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 45-year-old female patient diagnosed with cervical spondylosis, cervicgia, pain and dressing spine, lumbar/lumbosacral disc degeneration, an idiopathic peripheral neuropathy NOS following an industrial injury on 08/25/2008. Mechanism of injury reportedly occurred as a cumulative trauma injury to the neck, low back and right shoulder area due to her workstation/desk set up and keyboard tray. A request for outpatient physical therapy 2 times per week for 4-6 weeks to the cervical spine was non-certified at utilization review on 03/14/14, with the reviewing physician noting the patient is being treated with medications, and based on the records provided there is no indication for formal physical therapy. She should be able to perform a home exercise program, as noted by her treating doctor. There were no extenuating circumstances identified to support formal physical therapy at this juncture. Progress note dated 02/06/2014 reveals the patient presenting with complaints of neck pain that radiates to the right trapezius. It was reported the patient was in a car accident on 11/27/13, which exacerbated neck pain. It was reported she has seen a chiropractor with 75% relief of symptoms. Medications include Benicar, Soma 350 mg 1 tablet every 24 hours, Lexapro 20 mg 1 tablet daily, Norco 10/325 mg one tablet every 8 hours as needed, Percocet 10/325 mg one tablet twice daily, Wellbutrin XL 300 mg tablet extended release 24 hour one tablet daily, trazodone 50 mg 1 tablet at bedtime as needed. Previous treatment has included physical therapy and epidural steroid injections as well as chiropractic treatment and oral medications. Physical examination revealed normal pain-free cervical range of motion. There was pain with facet loading and tenderness along the splenius, levator and upper trapezius muscles bilaterally. Plan was to continue medications and request authorization for additional chiropractic care for 8-10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 2 X 4-6 to the cervical spine: Upheld

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: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." In this case, the patient's injury is chronic and physical therapy has been performed in the past. It was noted that the patient was involved in a motor vehicle accident in November 2013, which reportedly flared up symptoms; however, it was also documented the patient was participating in chiropractic treatment for this. There is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Physical examination revealed normal pain-free cervical range of motion. There was pain with facet loading and tenderness along the splenius, levator and upper trapezius muscles bilaterally. There is no documentation of what functional improvement was achieved with previous sessions of physical or why the patient needs to return to supervised exercise therapy rather than continuing with a fully independent home exercise program. The requested outpatient physical therapy 2 x 4-6 to the cervical spine is not medically necessary and is non-certified.