

Case Number:	CM14-0038429		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2007
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
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 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 54 year old male with an injury date of 02/16/07. Based on the 10/15/13 progress report provided by [REDACTED], the patient complains of persistent pain in his right upper extremity with significant weakness compared to the left side. He has low back pain that radiates to the right lower extremity with numbness and tingling. He also has right foot pain and difficulty using his right hand. Examination of the cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. There is pain with terminal motion. His diagnoses includes major depression, single episode, moderate to severe, non-psychotic; Pain disorder associated with both psychological factors and a general medical condition; and Insomnia due to major depression and pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twelve (12) sessions 2 x 6, Cervical Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 total sessions of therapy for the patient's cervical spine. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Therefore, the request for physical therapy twelve sessions, twice a week for six weeks for the cervical spine is not medically necessary and appropriate.