

Case Number:	CM14-0040404		
Date Assigned:	06/27/2014	Date of Injury:	05/03/2012
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 Interventional Spine, 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 patient is a 29-year-old female with a 05/03/12 date of injury. Based on the 01/30/14 progress report by [REDACTED], this patient reports increased pain and spasm at night while in lying position over the last two weeks and sleep is disrupted. This patient rates her pain as 4/10 now (at time of exam), 8/10 as worst, 2/10 with meds, but the effect of meds having decreased over the past two weeks. The diagnoses for this patient are: cervical/trapezial sprain/strain with myofascial pain syndrome with disc desiccation C5-6, based on MRI (magnetic resonance imaging) of the cervical spine on 06/12/13; cervicogenic headaches; thoracic spine sprains/strains; bilateral wrist tendinitis; bilateral medial/lateral epicondylitis, rule out cubital tunnel, and stress/anxiety--defer to psych. The request is for physical therapy three times a week for four weeks for her cervical spine. The utilization review being challenged is 03/12/14. [REDACTED] is the requesting provider and he has provided reports from 11/13/13 to 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three (3) times a week for four (4) weeks, for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck And Upper Back, Physical therapy.

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

Decision rationale: This patient presents with neck and bilateral shoulder pain which occurs on a constant basis, occasional bilateral elbow that varies with activity, and bilateral hand/wrist pain occurring on a daily basis, which varies with activity. The request is for physical therapy three times a week for four weeks for cervical spine. No physical therapy reports were provided, documenting the efficacy or progress, nor any mention of fading of treatment frequency for this patient. In the 11/13/13 Qualified Medical Examiner evaluation by [REDACTED], an orthopedic examiner, he encourages this patient to continue with her home-based strengthening and stretching exercises as previously outlined for her by her physical therapy and chiropractor. [REDACTED] request for twelve (12) sessions, which exceeds MTUS guidelines that allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. Also, this patient is reasonably expected to be able to continue her home exercise program. As such, the recommendation is for denial.