

Case Number:	CM14-0040596		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2011
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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:

According to the records made available for review, this is a 47-year-old female with a 5/30/11 date of injury. At the time (2/21/14) of request for authorization for 8 physical therapy sessions, cervical spine, there is documentation of subjective (right-sided neck pain, right arm numbness, and right shoulder pain; depression and anxiety) and objective (swelling in the right trapezius, tenderness to palpation, spasm and guarding, forward flexion 1 inch from chin to chest, extension 40, left rotation 45, right rotation 40, and lateral bending 30 degrees, neurovascularly intact, deep tendon reflexes 2+ and symmetric) findings, current diagnoses (cervicalgia), and treatment to date (medications, activity modification, and physical therapy x 4 sessions). The medical records identify marked improvement in range of motion with 4 previous physical therapy visits. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions, 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 Page(s): 98. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back, Physical Medicine.

Decision rationale: The 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. The 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. The ODG recommends a limited course of physical therapy for patients with a diagnosis of cervicgia not to exceed 9 visits over 8 weeks. The 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 diagnosis of cervicgia. In addition, there is documentation of 4 recent physical therapy sessions with reported objective improvement. However, given that the request is for 8 physical therapy sessions, cervical spine, the proposed number of visits would exceed physical therapy guidelines. In addition, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for 8 physical therapy sessions, cervical spine is not medically necessary.