

Case Number:	CM14-0041836		
Date Assigned:	06/30/2014	Date of Injury:	06/12/2012
Decision Date:	08/20/2014	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 Family Medicine and is licensed to practice in Utah. 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 42 year-old female. The patient's date of injury is 6/12/12. The mechanism of injury was stated as the patient reaching for a sheet, when the patient felt a sharp and shooting pain in the neck and left shoulder. The patient has been diagnosed with anxiety, depression, herniated cervical disc, elbow strain, wrist sprain, lumbar sprain, gastritis, acute cephalgia, and brachial neuritis. The patient's treatments have included injections, imaging studies, surgery, EMG and NCV, physical therapy, and medications. The physical exam findings, dated 12/18/2013 show examination of the cervical spine with restricted and painful motion. Tenderness was also noted over the paraspinal muscles with paraspinal spasms. There was also a positive Spurling's test noted, with a positive foraminal compression test. The patient's medications have included, but are not limited to, Tramadol, Naproxen, Omeprazole and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6 wks to the cervical Spine and both arms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand (updated 02/18/14) Physical/Occupational Therapy.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy. MTUS guidelines state the following: for physical medicine, myalgias and myositis, neuralgia and radiculitis, 8-10 visits over 4 weeks. The clinical documents state that the patient was previously approved for 12 sessions of physical therapy. There is lack of documentation of functional improvement after the previous 12 sessions of therapy. There is no clear indication stated for further sessions. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions, as stated above, is not indicated as a medical necessity to the patient at this time. Therefore the request is not medically necessary.