

Case Number:	CM14-0046376		
Date Assigned:	07/02/2014	Date of Injury:	04/25/2011
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 35-year-old female with a reported injury on 04/25/2011. The mechanism of injury was not provided. The injured worker had a physical examination on 05/01/2014 where she complained of pain in the neck and right shoulder pain which she described as sharp, stabbing, burning and constant. The injured worker complained of numbness to the arm and weakness. The injured worker had previously tried ice, NSAIDS, rest and heat application. She reported some improvement. The injured worker previously completed 20 sessions of physical therapy, which were completed by 02/25/2014. The injured worker underwent a cervical fusion on 08/30/2013. Upon physical exam of the upper extremities, there were no motor or sensory deficits. There was full range of motion to her elbow, wrist and hand. Stability tests were all negative, grip strength was 5/5, and her reflexes were equal and symmetrical bilaterally. Diagnoses included cervical disc displacement, cervical radiculitis, and followup surgery. There was not a list of medications or the efficacy provided. The recommended plan of treatment was to refill her medications, and to continue her physical therapy. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits to the Neck.: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine for short term relief during the early phases of pain treatment and are directed at controlling pain symptoms such as inflammation and swelling to improve the rate of healing of soft tissue injuries. In this case, there is a lack of documentation indicating the efficacy of the prior sessions of physical therapy. Furthermore, the request for 8 physical therapy visits would exceed the guideline recommendations as the injured worker has already completed 20 sessions. Therefore, the request for the 8 physical therapy visits of the neck is not medically necessary and appropriate.