

Case Number:	CM14-0049230		
Date Assigned:	06/25/2014	Date of Injury:	03/26/2013
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 30 year old with an injury date on 3/26/13. Patient complains of right neck pain with right parascapular pain, medial right upper arm and ulnar right forearm and fifth digit/right hand pain with numbness and paresthesias, with pain rated 8/10 per 2/20/14 report. Patient uses Advil, Ambien, Flexeril, Soma, and Vicodin and has trouble sleeping due to pain per 2/20/14 report. Based on the 2/20/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder impingement syndrome 2. right cervical strain with right upper extremities C8 cervical radiculopathy 3. right lower back strain with right lower extremities L5 lumbar radiculopathy 4. sleep disturbance because of pain 5. pain with headaches, severe Exam of C-spine on 2/20/14 showed "spinous processes are normally aligned and nontender to palpation. Tenderness to palpation of the paracervical, levator scapulae, medial trapezius, and parascapular muscles. Cervical range of motion on flexion is 40 degrees, extension is 35 degrees, and left lateral bending / rotation is 10 degrees shorter than on the right. Spurling's sign is positive." [REDACTED] [REDACTED] is requesting physical therapy with cervical traction two times a week for four weeks for cervical spine. The utilization review determination being challenged is dated 2/26/14. [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 3/26/13 to 3/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Cervical Traction Two Times A week For Four Weeks For Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130. Decision based on Non-MTUS Citation Official Disability Guidelines Neck And Upper Back.

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

Decision rationale: This patient presents with neck pain and right shoulder pain causing clicking, popping, stiffness, weakness, and numbness. The treating physician has asked for physical therapy with cervical traction two times a week for four weeks for cervical spine on 2/20/14. Review of the physical therapy report shows patient had some 9 visits from 4/8/13 to 1/31/14 span. Patient has no recent history of surgeries. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 9 physical therapy sessions through the latter part of 2013 with no documentation of effectiveness. Treating physician has asked for 8 sessions of physical therapy for the C-spine which would exceed MTUS guidelines recommendation of 9-10 sessions if the 8 sessions were combined with the 9 sessions. The treater does not explain why additional therapy is needed at this time. There are no documentation of aggravation, significant decline in function or pain and what is to be accomplished with additional therapy. Furthermore, there is no documentation regarding the effect or prior physical therapy sessions. Given the above the request is not medically necessary.