MAXIMUS Federal Services

Case Number:	CM14-0052075		
Date Assigned:	07/07/2014	Date of Injury:	03/08/2011
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The injured worker is a 61-year-old male who reported an injury on 03/08/2011. The mechanism of injury was not submitted in the report. The injured worker complained of constant severe sharp stabbing neck pain that began in the posterior part of the neck and radiated into the forehead causing headaches. The injured worker also complained of right upper extremity pain with numbness and tingling with significant weakness. He also stated that he had concurrent right elbow pain and right hand and wrist pain, which resulted from pushing himself up from a seated position. There was no measurable pain level documented. Physical examination dated 01/08/2014 of the cervical spine revealed a flexion of 30 degrees, extension of 30 degrees, left lateral flexion of 20 degrees, right lateral flexion of 20 degrees, left rotation of 50 degrees, and right rotation of 60 degrees. Palpation and paraspinal spasms were positive to the right and to the left side. Range of motion of the elbow revealed elbow flexion to the right of 140 degrees, extension was 180 degrees, forearm supination 80 degrees, and forearm pronation 70 degrees. Active range of motion of the left elbow revealed flexion 140 degrees, extension 180 degrees, forearm supination 80 degrees, and forearm pronation 70 degrees. Muscle strength on flexion and extension were 5/5 to the elbow bilaterally. Registered extension test was positive on the right and negative on the left. Registered flexion test was negative bilaterally. Valgus stress test was positive on the right and negative on the left. Muscle strength of the right wrist dorsiflexion, palmar flexion, ulnar deviation, and radial deviation were 4/5 to the right. Dorsiflexion, palmar flexion, ulnar deviation, and radial deviation to the left were 5/5. Tinel's and Phalen's test were positive to the right and negative to the left. An MRI dated 05/06/2011 of the cervical spine revealed C4-5 grade 1 retrolisthesis combined with moderate disc protrusion, facet uncinate hypertrophy with spinal narrowing and bilateral neural foraminal narrowing. At C5-6, a 3 mm disc herniation abutting the spinal cord producing narrowing was noted. At C6-7, a 4 mm disc

herniation abutting the spinal cord producing narrowing was noted. On 04/20/2011, and EMG/NCV of the cervical spine in both upper extremities was done showing evidence of acute C6 radiculopathy on the right. The injured worker has diagnoses of C3-4 through C6-7 degenerative disc disease with intervertebral disc herniations and instability, cervical myelopathy, cervical radiculopathy, cervical instability, stress, anxiety, gastritis, and sleep deprivation. The injured worker's past treatment includes chiropractic therapy, psychological therapy, injections into the elbow, shockwave therapy, and medication therapy. In the submitted report there were no medications listed. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 3 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Neck& Upper Back.

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

Decision rationale: The injured worker complained of constant severe sharp stabbing neck pain that began in the posterior part of the neck and radiated into the forehead causing headaches. The injured worker also complained of right upper extremity pain with numbness and tingling with significant weakness. He also stated that he had concurrent right elbow pain and right hand and wrist pain, which resulted from pushing himself up from a seated position. There was no measurable pain level documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended to include 9-10 visits for myalgia and myositis. Physical examination dated 01/08/2014 of the cervical spine revealed decreased range of motion. Palpation and paraspinal spasms were positive to the right and to the left side. Range of motion of the elbows was limited. Muscle strength on flexion and extension were 5/5 to the elbow bilaterally. Although the injured worker was noted to have some deficits on examination, there was a lack of significant deficits that would require formal supervised therapy versus a home exercise program. Furthermore, the submitted request did not specify what body part the therapy was requested for. As such, the request for Physical Therapy 2xWk x 3 Wks. is not medically necessary.