

Case Number:	CM14-0054064		
Date Assigned:	07/07/2014	Date of Injury:	12/20/2012
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This 30 year-old male [REDACTED] sustained an injury to the upper back on 12/20/12 while employed by [REDACTED]. Request under consideration include Physical Therapy Two times a week for six weeks for the Cervical Spine. Diagnoses include cervical strain/ diffuse disc bulging C5-6 and left-sided disc protrusion C4-5; thoracic strain. EMG/NCS of bilateral upper extremities dated 5/3/13 had normal impression without cervical radiculopathy or entrapment neuropathy. Initial ortho evaluation dated 9/18/13 noted patient with upper back pain. Exam showed cervical range flex/ext/rotation/lateral bending of 65/30/65/20 degrees respectively; normal shoulder range of motion; intact normal motor and sensory examination. Diagnoses was multilevel cervical disc degeneration with bulging worse at C4-5 than C5-6 with minimal dessication at C3-4 and C6-7. The patient may work full duty. Treatment included chiropractic manipulation and traction. It was noted the patient did not have particular response to physical therapy, and no request is made for this. Report of 12/9/13 from the provider noted the patient with shoulder pain requesting more therapy. Exam showed normal gait/transitions; and shoulder with full range of motion. Diagnosis was residual shoulder arthralgia with treatment for full time work and six more PT sessions for the shoulder; not yet at maximal medical improvement. Hand-written illegible PT daily noted dated 11/19/13 noted visit #10 with therapeutic procedures for exercises and neuromuscular re-education and cervical traction of 15 minutes. Report of 4/14/14 from the provider noted the patient is working; continues with left deltoid pain. Exam noted restricted cervical motion with flex/ext of 30 degrees and normal shoulder motion. Diagnoses included cervical strain/small disc protrusion C4-5/ diffuse disc bulging C5-6; thoracic strain; normal electrodiagnostic testing of neck and upper extremities by report of 5/3/13; abnormal pannus surrounding odontoid. Treatment care plan noted request MRI review; continue working; and MMI (Maximum Medical Improvement)

per QME (Qualified Medical Evaluation) exam. The request for Physical Therapy Two times a week for six weeks for the Cervical Spine was non-certified on 4/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two times a week for six weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Two times a week for six weeks for the Cervical Spine is not medically necessary and appropriate.