

Case Number:	CM14-0064560		
Date Assigned:	07/11/2014	Date of Injury:	02/29/2012
Decision Date:	10/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 58 year-old male who reported a work related injury on 02/29/2012. He injured his cervical spine while assisting an unconscious suspect to the ground. The injured worker's diagnosis consist of cervicalgia, cervical radiculopathy, and cervical facet arthropathy. The injured worker has completed physical therapy with no long term relief, medication, and aquatic therapy. A MRI of the cervical spine dated 06/14/2013 revealed broad-based annular disc bulge. MRI dated 06/14/2013 of the thoracic spine was noted to be normal. The injured worker had a left inguinal hernia repair. Upon examination on 03/06/2014 the injured worker complained continued to be symptomatic and have difficulties. He reported to have been taking his medications which are somewhat helpful in alleviating his symptoms. It was also noted that the injured worker had paraspinal muscle tenderness and painful range of motion to his cervical spine. The prescribed medications consist of Motrin, Lisinopril, and Zolpidem. The treatment plan consisted of physical therapy for the cervical spine two times a week for five weeks. The request for authorization form was 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 for the cervical spine two times a week for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back Summary

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

Decision rationale: The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worker completed sessions of physical therapy with no long term benefit. However, the number of physical therapy sessions and documentation regarding those sessions were not provided for review. Additionally, there is little to no comments of functional improvement, or specific comments of about the short term benefits the injured worker incurred from prior treatments of physical therapy. In the absence of documentation showing objective functional gains made with previous visits and exceptional factors to warrant additional visits beyond the guidelines recommendation, the request is not supported. With the guidelines outlined above, the request Physical Therapy for the Cervical Spine two times a week for five weeks is not medically necessary.