

Case Number:	CM14-0067432		
Date Assigned:	07/11/2014	Date of Injury:	12/12/2012
Decision Date:	09/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 12/12/2012 due to unknown mechanism. The injured worker complained of constant neck pain, upper back burning and tingling, as well as right upper extremity pain varied with activity. Prior treatment includes physical therapy for which the injured worker reported improvement. Prior diagnostic studies include nerve conduction study, electromyography of the bilateral upper extremities which revealed mild median nerve injury at or near the right wrist, mild ulnar nerve injury at or near the right elbow and very mild ulnar nerve injury at or near the left elbow. The injured worker also underwent an MR to the cervical spine without contrast which revealed posterolateral osteophytes from degenerative changes contributing to the neural foraminal space narrowing on the right C4 and bilaterally C5, left greater than the right, potentially affecting the exiting C6 nerve root. On physical examination dated 03/26/2014, there was tenderness to the C5 and C6 level. The examination also noted positive Tinel sign at the elbow and volar wrist. The injured worker's medication was Flexeril 10 mg. It was recommended the injured worker receive physical therapy. The rationale for the request was not submitted with documentation. The Request for Authorization form was not submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker was noted to have decreased range of motion of neck, as well as decreased grip strength in the right upper extremity. The documentation indicated that he had previous physical therapy for the. However, details regarding his prior treatment, including number of visits completed, and objective functional gains obtained, were not provided to support additional sessions at this time. Also, the number of sessions requested exceeds guideline recommendations. Therefore, the request for Physical therapy 3x4 cervical spine is not medically necessary.