MAXIMUS Federal Services

Case Number:	CM14-0067534		
Date Assigned:	07/11/2014	Date of Injury:	01/05/2011
Decision Date:	08/11/2014	UR Denial Date:	05/01/2014
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 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 58year old male with date of injury 1/5/11. The treating physician report dated 4/11/14 indicates that the patient presents with pain affecting the cervical spine with radiation of pain into both arms. The treating physician states that pain levels have increased since last visit and cervical ESI was ineffective on 3/20/13. Cervical ranges of motion are moderately decreased with positive Spurling's maneuver causing radicular symptoms on the right. Cervical MRI dated 10/7/11 revealed: Congenital canal narrowing of the cervical spine, C3/4 disc bulging flattening the cord and C4/5 and C5/6 disk extrusions.The current diagnoses are: 1. Neck pain2. Cervical Radiculopathy3. Disc disorder cervical4. Shoulder painThe utilization review report dated 5/1/14 denied the request for 6 sessions of physical therapy based on the rationale that no prior history of PT was supplied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of Physical Therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck Chapter and the Forearm/Wrist/Hand Chapter; Physical Therapy, Physical Therapy Guidelines, Physical/Occupational Therapy Guidelines.

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

Decision rationale: The patient presents with chronic neck pain, right shoulder and right arm pain with paresthesia. The current request is for physical therapy 6 visits sessions. The treating physician on 4/11/14 states, "Request PT x 6 sessions to evaluate and treat cervical spine and BUE (bilateral upper extremities) as the patient is highly motivated to repeat PT that includes deep tissue massage techniques. Patient did complete PT in the past with reported benefit". In reviewing the reports from the treater dating 11/22/13 through 4/11/14 there was no PT prescribed or commented on prior to the 4/11/14 request. The MTUS guidelines indicate that PT is recommended for 8-10 sessions for myalgia and neuritis. The current reports do not specifically state when the patient had previously received physical therapy and the treating physician states that the patient's condition has flared and requires 6 PT visits. Given the lack of documentation of any recent therapy for the patient's neck and upper extremity, recommendation is for authorization of the requested 6 sessions of physical therapy.