

Case Number:	CM14-0071137		
Date Assigned:	07/14/2014	Date of Injury:	04/23/2010
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 Maryland. 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 56 year old male with a work injury dated 4/23/10. The diagnoses include cervical strain, cervical spondylosis C4-C5, C5-C6, and C6-C7, rotator cuff tear to the left shoulder status post left shoulder arthroscopic, rotator cuff repair and decompression. Under consideration is a request for physical therapy 2x week x 6 weeks (12) cervical spine. There is a primary treating physician report dated 1/27/14 that states that the patient continues to complain of constant neck pain that radiates to the left trapezius, medial scapular border and deltoid. He states that he presently has pain 4 out of 10. At times it is 8 out of 10, especially at the end of the work day. He complains of numbness in the left arm, especially at night. He has tingling sensations in the neck. The patient continues to complain of bilateral knee pain that is constant and severe, worse with walking. On exam the patient is uncomfortable but in no acute distress. There is tenderness to palpation over the left trapezius and medial scapular border. Cervical range of motion is mildly decreased with pain at the limits of range of motion. Motor and sensory function of the upper extremities is intact. The patient arises from seated to standing slowly, but gait is slow. Lumbar range of motion moderately decreased with pain in all planes. Motor and sensory function of the lower extremities is intact. Bilateral knee range of motion is full but painful in all directions. There is tenderness to palpation over the medial and lateral joint lines bilaterally. The document states that the patient may continue to perform his usual job duties until he undergoes knee replacement at which point he would be considered totally disabled. The treatment plan states that the patient has undergone no treatment for the cervical spine in more than two years. The requested for a course of physical therapy twice a week for six weeks to address the cervical complaints, continues to be neither approved nor denied. There is a request for authorization for a course of physical therapy for the neck twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6 wks (12) Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Physical therapy; Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: Physical Therapy 2 x week x 6 weeks (12) cervical spine is not medically necessary per the MTUS Chronic Pain Treatment Guidelines as written. The guidelines recommend "up to 10 visits for this condition." The documentation does indicate he has not had cervical PT in over 2 years. The documentation indicates that the patient has cervical radicular symptoms. The request exceeds the number of recommended visits for this condition. Therefore, the request for Physical Therapy 2x week x 6 weeks (12) cervical spine is not medically necessary.