

Case Number:	CM14-0073425		
Date Assigned:	07/16/2014	Date of Injury:	04/09/2010
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Interventional Spine, 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 52 year old male with an injury date on 04/09/2010. Based on the 05/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post cervical spine surgery x 2. 2. Cervical spine myelopathy and radiculopathy. 3. Cervicogenic headaches and dizziness. 4. Depression. According to this report, the patient complains of continued daily headaches, constant neck pain, weakness and numbness of the upper extremities, low back pain. An EMG/NCS of the upper extremities was performed today and reveals bilateral C6, C7 radiculopathy. The patient's neurological examination remains essentially unchanged. Exam findings were not provided in this report for review. The 07/25/2013 Q.M.E. report reveals cervical and lumbar range of motion are decreased. Grip testing with the Jamar dynamometer and Kegs force on the right was 28, 22, and 28 and on the left was 34, 32, and 30. Reflexes of the upper extremity were brisk and the lower extremity a few beats of clonus at both ankles was noted. Babinski test is positive on the right. Paraspinal muscles spasm in the posterior cervical and lumbosacral musculature was noted. [REDACTED] is requesting physical therapy 2 times a week for 4 weeks. There were no other significant findings noted on this report. The utilization review denied the request on 05/09/2014. [REDACTED] is the requesting provider, and provided treatment report from 07/25/2013 to 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4: Upheld

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

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

Decision rationale: According to the 05/14/2014 report by [REDACTED], this patient presents with continued daily headaches, constant neck pain, weakness and numbness of the upper extremities, low back pain. The treater is requesting 8 sessions of physical therapy. The utilization review denial letter states there is lack of clinical information. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable if the patient's symptoms are flared or the patient's function has declined. However, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore the request is not medically necessary.