

Case Number:	CM14-0078207		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2010
Decision Date:	09/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopedic Surgery 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 64-year-old female was reportedly injured on January 5, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 4, 2014, indicates that there are ongoing complaints of neck pain radiating down the right arm. Current medications include Lyrica, Prilosec, Gabapentin, and Advil. The physical examination demonstrated decreased cervical spine range of motion as well as tenderness and spasms over the paraspinal muscles. There was also tenderness at the rhomboid and trapezius. There was a negative Spurling's test. Neurological examination revealed decreased sensation over the right middle finger, ring finger, and medial hand as well as the lateral aspect of the right shoulder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request was made for physical therapy twice a week for four weeks for the cervical spine and was non-certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice weekly for four weeks for the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy, Updated August 4, 2014.

Decision rationale: A review of the medical record indicates that the injured employee has not previously received physical therapy for the cervical spine. The official disability guidelines recommend 10 visits of physical therapy for sprains and strains of the neck. Considering this, the request for physical therapy twice a week for four weeks for the cervical spine is medically necessary.