

Case Number:	CM14-0079226		
Date Assigned:	07/18/2014	Date of Injury:	08/22/2012
Decision Date:	09/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 32 year old with an injury date on 8/22/14. The patient complains of constant cervical pain radiating to head, bilateral trapezius, and into thoracic muscles, pain rated 8/10 per 4/11/14 report. Elbow pain is rated 8/10 over medial elbow, with tingling in digits 4-5 of right hand and along medial forearm per 4/11/14report. Patient has failed conservative treatment including 24 sessions of acupuncture and over the counter medications per 4/11/14report. Based on the 4/11/14 progress report provided by [REDACTED] the diagnoses are cervical radiculitis and cub. tunnel syndrome right elbow. Exam on 4/11/14 showed "Full range of motion at right elbow and C-spine. Decreased sensation to pinwheel along C8 distribution - sensation otherwise normal. Deep tendon reflexes 2+ bilateral. Muscle strength 5/5." [REDACTED] is requesting additional physical therapy to cervical spine and neck 2 times a week for 3 weeks, total 6 sessions. The utilization review determination being challenged is dated 4/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/2/14 to 6/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT to cervical spine and neck (2) times a week for three (3) weeks, total six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck.

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

Decision rationale: This patient presents with neck pain and right elbow pain. The provider has asked for additional physical therapy to cervical spine and neck 2 times a week for 3 weeks, total 6 sessions on 4/11/14. The 4/11/14 report states the patient had 6 sessions of physical therapy with improved activities of daily living and cervical range of motion. California MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has completed 6 sessions of physical therapy, and another 6 sessions would exceed what MTUS allows for this type of condition. The patient should be transitioned into a home exercise program, per MTUS. Therefore the request is not medically necessary.