

Case Number:	CM14-0091781		
Date Assigned:	07/25/2014	Date of Injury:	08/08/2013
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine 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:

This patient is a 45 year old male who has developed persistent right shoulder and cervical pain subsequent to a strain injury on 8/8/13. He has been diagnosed with a right C5 radiculopathy with dermatomal muscle weakness and a corresponding herniation in the cervical spine. He has been treated with physical therapy (PT) and oral analgesics. He has completed 7 sessions of physical therapy for the cervical spine and a request for 9 additional sessions was modified in U.R. to approval of 6 sessions. Subsequently the treating physician documented a flare of his pain secondary to the physical therapy and there has been a request for an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x3 fro Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Neck, Physical Therapy.

Decision rationale: For most chronic musculoskeletal painful conditions the MTUS Guidelines recommend from 8-10 sessions of therapy. The ODG provides additional specifics recommending up 9 sessions for a cervical radiculitis. There are no unusual circumstances that

would justify exceeding guideline recommendations as there was no documented improvements in function with the 7 sessions provided. In addition, the physician documents that the latest therapy exacerbated the neck pain. The request for an additional 3X's 3 weeks of physical therapy for Cervical Spine is not medically necessary.