

Case Number:	CM14-0092027		
Date Assigned:	07/25/2014	Date of Injury:	03/25/1999
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 69 year-old female with the date of injury of 03/25/1999. The patient presents with pain in her neck and numbing/ tingling sensations in her first 3 fingers. There were no doctor's reports mentioning the details of the patient's neck pain except the diagnosis. According to [REDACTED] report on 05/14/2014, diagnostic impressions are: 1) Brachial neuritis or radiculitis not otherwise specified 2) Cervicalgia [REDACTED] requested 12 sessions of physical therapy. The utilization review determination being challenged is dated on 05/22/2014. [REDACTED] is the requesting provider, and he provided 3 treatment reports from 02/12/2014 to 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 12 sessions: Upheld

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

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

Decision rationale: The patient presents with pain in her neck and numbness in her fingers. The request is for 12 sessions of physical therapy. The patient's letter to independent medical review

(IMR) on 06/15/2014 indicates that the patient has had 7 visits of therapy. [REDACTED] report on 05/14/2014 indicates the patient completed 4 visits of therapy with 30 % pain relief. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis and 9-10 sessions for myalgia and myositis. In this case, the patient personally sent a letter to IMR requesting additional therapy, stating she was sure exercising and stretching daily is critical to improving her postures and relieving pressure on the nerves. The 7 sessions of therapy have been helpful but she feels she needs to complete the additional 12 sessions [REDACTED] requested. In this case, the current request for 12 additional therapy sessions exceeds what is allowed per MTUS. The patient already had 7 sessions and should be able to perform the necessary home exercises. Request is not medically necessary.