

Case Number:	CM13-0041444		
Date Assigned:	12/20/2013	Date of Injury:	12/05/2011
Decision Date:	12/15/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old, female who sustained a work related injury on 12-5-11. A review of the medical records shows she is being treated for neck pain. In the progress notes dated 8-27-13 and 9-29-13, the injured worker reports cervical neck pain radiating into her right arm. On physical exam dated 9-29-13, she has limited and painful cervical range of motion. She has spasm at trapezius and rhomboid muscles. Treatments have included physical therapy-unknown number of visits or effectiveness of treatments, acupuncture-unknown number of visits, epidural steroid injections-unknown body part, and muscle relaxants. Current medications include-none listed. She is not working. The treatment plan includes requests for physical therapy and Voltaren. In the Utilization Review dated 10-3-13, the requested treatment of 8 physical therapy for the cervical spine 2 x 4 as an outpatient is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions for the cervical spine, 2 times per week for 4 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

<https://www.acoempracguides.org/> Cervical & Thoracic Spine; Table 2, Summary of Recommendations, Cervical & Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with cervical pain radiating into the right arm from an injury dating back to 12/5/2011. The current request is for eight (8) physical therapy sessions for the cervical spine, 2 times per week for 4 weeks. The treating physician report dated 9/24/2013 (24B) states, "patient has cont. cervical pain radiating into right arm, positive Spurling's, positive spasm, and trapezium rhomboid area with limited range of motion." The MTUS guidelines recommend 8-10 physical therapy sessions for myalgia and neuritis type conditions. The medical records indicate that the patient has previously received physical therapy treatment. There is no documentation of any functional relief with prior treatment and there is no documentation as to why the patient is unable to participate in a home exercise program. In this case, the patient has previously received physical therapy and the request of an additional 8 sessions exceeds the guideline recommendation of 8-10 sessions. The current request is not medically necessary.