

Case Number:	CM14-0179869		
Date Assigned:	11/04/2014	Date of Injury:	06/15/2012
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Practice 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 claimant is a 57 year old male who sustained a work injury involving the neck. He was diagnosed with cervical radiculopathy. He had been treated with analgesics and physical therapy. A progress note on 10/3/14 indicated the claimant had neck pain radiating to the shoulders along with tension headaches. Exam findings were notable for cervical spine tenderness and difficulty with range of motion. Additional sessions of physical therapy were recommended. An authorization for 12 sessions of therapy was note on 10/28/14. A physical therapy note on 11/17/14 indicated the claimant had completed 30 sessions of physical therapy. Pain level was 3/10. Flexion and extension were reduced. The claimant's improvement had "plateaued."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical Spine twice (2) a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Pain, Suffering, and the Restoration Function Chapter

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified. 8-10 visits over 4 weeks. In this case, the claimant had undergone at least 20 sessions of therapy prior to the request for 12 more. The amount of sessions exceeds the amount suggested by the guidelines. An additional 12 more are not justified in consideration of the claimant reaching a plateau. There is no indication that additional exercises cannot be performed at home. Therefore, this request is not medically necessary.