

Case Number:	CM14-0186530		
Date Assigned:	12/02/2014	Date of Injury:	02/17/2007
Decision Date:	01/13/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 63-year-old female with injury date of 02/17/07. Based on the 09/10/14 progress report, the patient complains of neck pain with a recent flare-up. The patient states that she felt a snap, then grinding sensation in her neck with stiffness and spasm. An examination of the neck revealed tenderness to palpation on the left side at the C2, C3 and C4 level, with severe trigger point and spasm. The range of motion was painful and limited especially with lateral bending of 30 degrees. Per 09/10/14 report, the physician recommends 12 sessions of physical therapy. The physician is requesting additional physical therapy due to recent flare-up, and states that the patient only received 12 sessions post-surgery per the 09/10/14 progress report. Surgery: Anterior cervical discectomy and fusion C4 through C7 on 11/05/13 per 09/10/14 progress report. Diagnosis 09/10/14-Cervical disc protrusion C4-C5, C5-C6, C6-C7 with left upper extremity radiculopathy-Lumbosacral spondylosis L3 through S1-Left knee internal derangement lateral meniscal tear as well as femoral condylar arthrosis -Left elbow sprain-Possible left cubital tunnel syndrome-Status Post anterior cervical discectomy and fusion C4 through C7 -Rule out internal derangement left shoulder contributing to her neck pain The request is for physical therapy 2 x 6 for the cervical spine. The utilization review determination being challenged is dated 10/09/14. The rationale is "The patient was certified for six sessions of therapy for the cervical spine on 03/27/14." Treatment reports were provided from 05/01/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the cervical spine: 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 MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. 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 MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per the progress report dated 09/10/14, the physician plans to continue physical therapy due to recent flare-up. In this case, the patient received 12 physical therapy sessions since her surgery on 11/05/13, per 09/10/14 report. The patient is not within post-operative time period. The physician has not discussed functional benefits or decrease in pain as result of the previous therapy. Furthermore, the current request for additional 12 physical therapy sessions exceeds what is recommended per the MTUS. The request is not medically necessary.