

Case Number:	CM14-0189039		
Date Assigned:	11/19/2014	Date of Injury:	08/15/2011
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 40 year-old female with a date of injury of 08/15/2011. The patient's industrially related diagnoses include cervical HNP, radiculopathy, cervical stenosis and neck sprain. The patient has received such treatments as non-steroidal anti-inflammatory medication, massage therapy, three acupuncture sessions and 6 sessions of physical therapy as noted on primary treating physician's progress note dated 5/21/2014. There has been a prior MRI of the cervical spine showing multilevel spondylosis from C4-5 through C6-7. The disputed issues are a request to continue physical therapy 2 times a week for 6 weeks. A utilization review determination on 10/24/2014 had noncertified these requests. The stated rationale for the denial was "documentation did not provide sufficient evidence of significant objective functional improvements or evidence of objective decreased pain since beginning physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical spine 2x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. Sequential progress notes indicate little improvement in report pain scores and no mention is made of functional improvements with regards to activities of daily living. The patient is temporarily totally disabled and therefore no indication of improvement in work status is made. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Furthermore, notes from the primary treating physician declare the patient has received 6 sessions of physical therapy thus far. In regards to the ODG guidelines for physical therapy for the condition of brachial neuritis or radiculitis, the recommended amount is 12 visits over 10 weeks. Given 6 sessions have occurred and the request is for an additional 12 sessions (twice a week for 6 weeks), this request is excessive and not medically necessary.