

Case Number:	CM14-0189677		
Date Assigned:	11/20/2014	Date of Injury:	04/15/2014
Decision Date:	03/20/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male, who sustained an industrial injury on April 15, 2014. He has reported neck pain with radiation into the right upper extremity. The diagnoses have included brachial neuritis/radiculitis, and neck sprain and strain. Treatment to date has included medications, completed 6 physical therapy sessions, chiropractic visits, home exercise program, and modified work. Currently, the IW complains of continued neck pain with radiation to the upper arm and associated with numbness and tingling. On May 5, 2014, the records indicate he completed six out of six physical therapy sessions "with benefits", and reports feeling the same since a previous visit. On August 20, 2014, the records indicate he completed 12/12 chiropractic visits "with benefits". On October 17, 2014, Utilization Review non-certified physical therapy, one-two times weekly for four weeks, for the cervical spine, massage therapy, and ultrasound, diathermy, electrical stimulation, computer assisted electrical muscle stimulation and matrix based on ACOEM, MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On November 13, 2014, the injured worker submitted an application for IMR for review of physical therapy, one-two times weekly for four weeks, for the cervical spine, massage therapy, and ultrasound, diathermy, electrical stimulation, computer assisted electrical muscle stimulation and matrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, including massage therapy, ultrasound, diathermy, electrical stimulation, comp asst EMS and matrix, once to twice weekly for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 99, 114 - 116, and 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diathemy Section

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

Decision rationale: Per the MTUS, physical medicine is recommended with very specific guidelines allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, unspecified :9-10 visits over 8 weeks. A review of the injured workers medical records reveal that he has had 6 sessions of physical therapy and 12 sessions of chiropractic care. There is nothing in his current presentation that necessitates deviating from the guidelines, which recommend fading of treatment frequency and continuing with active self-directed home physical medicine. Therefore a request for physical therapy for the cervical spine, including massage therapy, ultrasound, diathermy, electrical stimulation, comp asst EMS and matrix, once to twice weekly for four weeks is not medically necessary.