

Case Number:	CM14-0192861		
Date Assigned:	12/01/2014	Date of Injury:	08/12/2014
Decision Date:	01/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Medicine and is licensed to practice in Utah. 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 32 year old female with a reported industrial injury on 08/12/2014, after pulling on a sheet on a bed and fell backwards. The initial complaints were headache, dizziness and nausea as well as pain in the neck, upper back and right upper extremity. The injured worker was evaluated on November 10, 2014 by an Orthopaedic Surgeon. The complaints were pain the neck, upper back and right shoulder, migraine headaches, nausea and trouble concentrating. She also stated that her entire right side becomes numb with prolonged standing. The physical exam reveals of the neck, back and extremities normal reflexes, decreased sensory on right side, normal motor exam, decreased Babinski's on right and left, positive Spurling's sign on the right and twenty percent loss of range of motion of the cervical spine, with posterior cervical tenderness and spasms. Diagnostic studies X-rays of the cervical spine, thoracic spine and right shoulder all normal. The diagnoses are head injury, cervical strain and rule out cervical disc herniation with radiculopathy. The treatment plan included recommends Magnetic Resonance Imaging (MRI) of the cervical spine to better lineate her pathology, physical therapy twice a week for four weeks, Tramadol ER and Methoderm. The documentation of prior medical treatment is not made available. On November 10, 2014 the primary treating physician made a request for additional physical therapy to neck and shoulder 2-3 times a week for 6 weeks. The Utilization Review non-certified the request on November 13, 2014. The Utilization Review non-certification was based on the California Medical treatment utilization schedule (MTUS) guidelines, American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the neck and right shoulder 2-3 times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174, 204.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy session as described above. MTUS guidelines state the following: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [REDACTED]): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 [REDACTED]): 24 visits over 16 weeks. The clinical documents state that the patient has completed four sessions of physical therapy. The current request of 12-18 additional sessions of physical therapy exceeds the current recommended amount of sessions according to the MTUS guidelines. There is also a lack of documentation that states the patient had functional improvement with the previous sessions. According to the clinical documentation provided and current MTUS guidelines, additional physical therapy session, as written above, is not indicated as a medical necessity to the patient at this time.