MAXIMUS Federal Services

Case Number:	CM14-0193342		
Date Assigned:	12/01/2014	Date of Injury:	07/27/2013
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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:

Pursuant to the UR documentation, the IW was diagnosed with chronic pain syndrome, cervical disc degeneration, and cervicalgia. The IW is being treated for headaches and neck pain. The medications are helpful and well-tolerated including Tramadol and Oxycontin. She is also taking Lunesta to help her with difficulty sleeping and chronic pain. She is interested in physical therapy (PT) if it is approved. She describes her pain as aching in the neck and trapezius, burning in her right upper extremity, and burning and tingling in her left upper arm. The pain is worse with bending and lifting and better with PT, lying down, and medications. She rates the pain 7-8/10 of 10 on a VAS without medications. Pain is unchanged since her last appointment. Physical examination reveals tenderness over the cervical paraspinals, trapezius and rhomboids bilaterally. There was slight decreased sensation over the right hand. There is tenderness over the facet joints and occipital as well. Cervical spine range of motion is reduced in all directions due to increased pain. She was to continue Tramadol 450mg, Oxycontin, and Lunesta. The authorization request is for physical therapy 1-2 times a week for 6 weeks, psychology consult, and psychiatry consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times a week for 6 weeks to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy; Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 1 to 2 times per week for six weeks to the neck is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient was moving in a positive direction, no direction or negative direction (prior to continuing the physical therapy). In this case, the injured worker is a 58-year-old woman suffering from headaches, upper extremity pain and neck pain. The medical record was 114 pages. The contents included multiple utilization reviews and a detailed psychological evaluation. There were no medical progress notes, history, physical examinations assessments and plans included medical record. The utilization review indicates the injured worker received 12 sessions of physical therapy to the neck. The documentation did not include physical therapy documentation and no evidence of objective functional improvement. The exact nature of the neck injury was unclear as was the allowable frequency and duration of physical therapy. Consequently, absent the appropriate documentation with evidence of objective functional improvement, additional physical therapy 1 to 2 times per week for six weeks to the neck is not medically necessary.