

Case Number:	CM14-0193514		
Date Assigned:	12/01/2014	Date of Injury:	01/27/2003
Decision Date:	10/23/2015	UR Denial Date:	10/24/2014
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. 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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 54 year old who sustained an industrial injury on 01-27-2003. The injured worker was diagnosed as having cervicalgia. Treatment to date has included physical therapy. In the provider notes of 08-22-2014, the worker is seen in follow up on chronic neck pain. She has no radiation of the pain and no history of numbness or weakness of upper or lower extremity. She has cervical spine decreased range of motion with cervical spine tenderness. The bilateral upper extremities had no tenderness to palpation, normal range of motion, and no crepitis with motion. Shoulder, elbow and wrist joint stability was present bilaterally. By 10-07-2014, the worker had documented 12 visits of physical therapy. On 10-13-2014, the IW complains of neck pain. According to the provider notes the "physical therapy was helping." On examination, there was paracervical tenderness. There are no measurements of range of motion, and no quantification of pain at the appointment, or between the appointments. According to the provider notes, the plan was for ongoing physical therapy for 24 sessions. A request for authorization was submitted for physical therapy, three times a week for eight weeks, for the neck. A utilization review decision (10-24-2014) non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times a week for eight weeks, for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Per the ODG guidelines: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Per the medical records submitted for review, the injured worker has completed 12 visits of physical therapy. It was noted by the provider that "physical therapy was helping." However, there was no objective documentation of functional improvement. At this point, the injured worker should have been transitioned to a self-directed home based therapy program. Furthermore, the request for 24 additional sessions is in excess of the guideline recommendations. The request is not medically necessary.