

Case Number:	CM14-0194365		
Date Assigned:	12/02/2014	Date of Injury:	08/15/2008
Decision Date:	02/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 Practice and is licensed to practice in Florida. 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 patient is an adult female with a date of injury of 8/15/2008. The mechanism of injury is described as a fall while working in house keeping. She sustained injuries to her neck, right shoulder and right arm. She has chronic cervical and upper extremity pain. She has been treated with physical therapy, and 1 right shoulder cortisone injection. She has also been treated with medications that include narcotics and nonsteroidal anti-inflammatories. There is no mention of cervical spine surgery. A 10/21/2014 physical exam of the cervical spine had the following pertinent positives: Diffuse right sided tenderness on palpation of the suboccipital, paraspinal, and superior trapezius muscles, trigger points, interscapular region. The range of motion is approximately 80% of normal without evidence of deficit in strength or stability. Spurling sign is noted to cause pain to the right shoulder. This patient did under go an ESI on 10/31/2014. Pre and Postoperative diagnoses are noted to be cervical herniated disk and right radiculopathy. Cervical physical therapy x 6 treatments following this ESI was requested, but was denied by a utilization review physician who believed that this patient never had an ESI performed. Appropriate documentation is present in the paperwork to prove that she did in fact have the ESI completed. Independent medical review has now been requested to determine the medical necessity of the disputed service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post injection Physical therapy of the cervical spine times 6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with California MTUS guidelines, 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. This patient has a cervical herniated disc with associated radiculitis, and would therefore qualify for 8-10 visits over 4 weeks. 6 physical therapy visits over 3 weeks (2 visits per week) have been requested, which fits within the MTUS guideline recommendations. Therefore, this request is considered medically necessary.