

Case Number:	CM14-0196806		
Date Assigned:	12/04/2014	Date of Injury:	09/15/2009
Decision Date:	01/31/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The patient is an injured worker with a history of cervical spine and thoracic spine complaints. Date of injury was September 15, 2009. The primary treating physician's progress report dated October 31, 2013 documented that the patient completed some physical therapy with not much relief. A request was made for chiropractic care for cervical spine and thoracic spine for two times per week for six weeks. She has not had relief with PT physical therapy. The primary treating physician's progress report dated October 6, 2014 that the patient completed twelve visits of chiropractic care with not much relief. The patient has neck with radicular symptoms to bilateral shoulders and mid back pain for which she takes Ibuprofen. Physical examination was documented. Cervical spine was negative for tenderness. Cervical spine range of motion demonstrated flexion 45 degrees and extension 50 degrees. The biceps and triceps reflexes are intact and symmetrical. Babinski sign was negative bilaterally. Hoffman sign was negative bilaterally. Detailed sensory examination testing dermatomes from C2 to T1 is normal to soft touch and pinwheel. Nerve roots from C1 to T1 are normal with all muscle groups tested rating 5/5. Specifically tested were resisted neck flexion and neck side flexion, shoulder elevation, abduction and forward elevation, elbow flexion and extension, wrist flexion, dorsiflexion and ulnar deviation and thumb extension and hand intrinsic muscles. Bilateral wrists were negative for tenderness. Range of motion of bilateral wrists was normal. Phalen, carpal tunnel compression, Tinel, and Finkelstein were negative. Diagnoses were mild right wrist tendinitis, thoracic sprain, and cervical strain. Treatment plan was documented. Request is made for physical therapy for cervical spine and thoracic spine for two times per week for six weeks. She has not had relief with chiropractic care and this is another form of conservative care she can have in an effort to improve her function and reduce her pain. Since the patient continues to have

pain, a course of chiropractic treatment in order to reduce musculoskeletal pain and restore function was recommended. Utilization review determination date was October 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) per week for six (6) weeks for the cervical spine: Upheld

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 Therapy (PT) Physical Medicine Page(s): 98-99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The primary treating physician's progress report dated October 31, 2013 documented that the patient completed some physical therapy with not much relief. The patient had not had relief with PT physical therapy. The primary treating physician's progress report dated October 6, 2014 that the patient completed twelve visits of chiropractic care with not much relief. The patient had not had relief with chiropractic care. Physical examination of the cervical spine was negative for tenderness. Neurologic examination was negative. No physical examination of the thoracic spine was documented. A request was made for physical therapy for the cervical spine and thoracic spine for two times per week for six weeks. Medical records document that past PT physical therapy and chiropractic treatment did not provide functional improvement. The 10/6/14 progress report documented that the cervical spine was non-tender with a negative neurologic examination. No thoracic spine examination was documented. Because no functional improvement with past PT physical therapy and chiropractic treatment was documented, the request for additional physical therapy is not supported. Therefore, the request for Physical therapy cervical spine 2x6is not medically necessary.

Physical Therapy twice (2) per week for six (6) weeks for the thoracolumbar: Upheld

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 Therapy (PT) Physical Medicine Page(s): 98-99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The primary treating physician's progress report dated October 31, 2013 documented that the patient completed some physical therapy with not much relief. The primary treating physician's progress report dated October 6, 2014 that the patient completed twelve

visits of chiropractic care with not much relief. Physical examination of the cervical spine was negative for tenderness. Neurologic examination was negative. No physical examination of the thoracolumbar spine was documented. A request was made for physical therapy for the cervical spine and thoracic spine for two times per week for six weeks. Medical records document that past physical therapy and chiropractic treatment did not provide functional improvement. The 10/6/14 progress report documented that the cervical spine was non-tender with a negative neurologic examination. No thoracolumbar spine examination was documented. Because no functional improvement with past physical therapy and chiropractic treatment was documented, the request for additional physical therapy is not supported. Therefore, the request for physical therapy twice per week for six weeks for the thoracolumbar is not medically necessary.