

Case Number:	CM14-0198565		
Date Assigned:	12/08/2014	Date of Injury:	08/24/2006
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 a 64-year-old female with a date of injury of 08/24/2006. According to progress report dated 11/07/2014, the patient presents with cervical pain that radiates up into the occipital region with associated headaches and to the right shoulder and down her right arm. She is currently participating in physical therapy, but plans to stop this week after finishing her approved sessions. She continues to do home exercises and uses ice compressions with benefit. She reports her pain ranges from 4-10/10 depending on the day and her activities. Medications are beneficial and there are no noted side effects. Examination of the cervical spine revealed lateral bending is 10% restricted and the patient is unable to do extension. There is tenderness to palpation of the posterior cervical area right greater than left. Positive Spurling's was noted. The listed diagnoses are:1. Cervical degenerative disk disease.2. Chronic cervical neck pain.3. Cervical radiculopathy.4. Cervical facet OA causing right side neck pain.Recommendation is for ergonomic workstation evaluation to better assist the patient during workday, ibuprofen, and additional physical therapy. The utilization review denied the request on 11/24/2014. Treatment reports from 05/24/2013 through 10/07/2014 were provided for review, with some gaps in reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic work status evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11.

Decision rationale: The patient currently presents with cervical spine complaints that radiates into the upper extremities with associated headaches. The current request is for ergonomic work status evaluation. The utilization review denied the request stating that the need and goals for this request need to be clarified and without further information, the request is not medically necessary or appropriate. The ACOEM Practice Guidelines, 2nd edition (2004), chapter 1, pages 6-11 states, "The clinician may recommend work and activity modification or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence." In this case, ACOEM Guidelines support ergonomic evaluations for the workplace to accommodate ergonomic changes to hasten the employee's return to full activity. The requested ergonomic work status evaluation is medically necessary.

Additional physical therapy, unspecified frequency, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Physical Therapy

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

Decision rationale: This patient presents with cervical spine pain that radiates into the upper extremity with associated headaches. The current request is for additional physical therapy. Request for authorization (RFA) dated 11/15/2014 request physical therapy "6 sessions." The utilization review letter also notes that this is a request for "additional physical therapy, 6 sessions." The utilization review denied the request stating that the patient had prior physical therapy and the most recent progress report from 11/07/2014 stated that the patient plans to stop physical therapy once all the sessions have been completed. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The number of completed physical therapy visits to date and objective response to therapy were not documented in the medical reports submitted for this request. In this case, there is no rationale provided for this request. Progress report dated 11/07/2014 noted the patient has participated in physical therapy, "but plans to stop this week after finishing her approved sessions." It was noted that she continues to do home exercises with benefit. In this case, the treating physician provides no discussion as to why the patient is unable to continue at home exercises. Furthermore, there is no report of new injury, new surgery, or diagnosis that substantiate the current request for additional physical therapy. The requested additional physical therapy is not medically necessary.

