

Case Number:	CM14-0199374		
Date Assigned:	12/10/2014	Date of Injury:	11/20/1988
Decision Date:	01/26/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 68 year old male with an injury date of 11/20/88. Based on the progress report dated 11/12/14, the patient is status post left knee surgery, Anterior cervical discectomy and fusion at C6-7, and right shoulder surgery (date not mentioned). Currently, the patient complains of bilateral neck pain, left greater than right. The pain is rates as 7/10 and is worsened by bending, twisting and lifting. Recent days have seen a 50% increase in axial pain with 50% decrease in range of motion. The patient has also been diagnosed with diabetes, hypertension and hyperlipidemia. Physical examination reveals tenderness to palpation of the cervical paraspinal muscles at C2-3, C3-4, and C4-5 facet joints. Cervical range of motion is restricted on all plains by 50%. Medications include Tramadol, Naprosyn, Januvia, Amlodipine, and Micardis, as per the same progress report. The patient is working full duty, as per progress report dated 11/12/14. MRI of the Left Shoulder, 06/10/13, as per Utilization Review Denial Letter:- Focal partial detachment and tear of the anteroinferior - Mild-moderate rotator cuff tendinosis- Moderate arthrosis at the acromioclavicular joint- Type I downsloping acromion narrowing the supraspinatus X-ray of the Cervical Spine, 08/06/13, as per Utilization Review Denial Letter: Severe cervical spondylosis. Diagnoses, 11/12/14:- Positive diagnostic left C2-3 and left C3-4 facet joint medial branch block- Bilateral cervical facet joint pain at C2-3 and C4-5- Cervical facet joint arthropathy- Chronic neck pain- Left shoulder pain The treater is requesting for 8 sessions of physical therapy to the cervical spine. The utilization review determination being challenged is dated 11/20/14. The rationale was "The 11/12/2014 report does not adequately document an extenuating circumstance." Treatment reports were provided from 11/12/14 - 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: This patient presents with bilateral neck pain rated at 7/10 with 50% reduction in the range of motion, as per progress report dated 11/12/14. The request is for 8 sessions of physical therapy to the cervical spine. The patient is status post left knee surgery, Anterior cervical discectomy and fusion at C6-7, and right shoulder surgery (date not mentioned), as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The MTUS guidelines page 25 and 26 for discectomy and laminectomy (decompression) recommend 16 visits over 8 weeks. Only one report dated prior to the UR denial was provided for review. In progress report dated 11/12/14, the treater requests for physical therapy of the cervical spine "to treat the patient's aggravated cervical spine pain." Given the patient's date of injury, it is prudent to assume that the patient has received prior therapy. However, the report does not document the number of sessions and their impact on pain and function. Additionally, the patient is status post anterior cervical discectomy and fusion at C6-7. However, the report does not include the date of the procedure. Hence it is not possible to establish the post-operative time frame for this case. The available progress report lacks information required to make a determination based on MTUS guidelines. This request is not medically necessary.