

Case Number:	CM14-0201932		
Date Assigned:	12/12/2014	Date of Injury:	01/04/2012
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 4, 2012. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve request for six sessions of physical therapy for the cervical spine. The claims administrator referenced an August 11, 2014 progress note in its denial. The claims administrator suggested that the applicant was working regular duty and was pregnant. The claims administrator stated that the attending provider did not document how much prior treatment the applicant had had. The applicant's attorney subsequently appealed. On August 11, 2014, the applicant reported persistent complaints of neck and shoulder pain. The applicant had had unspecified amounts of physical therapy, manipulative therapy, and acupuncture, it was acknowledged. The applicant was on Flexeril and Motrin. Some upper extremity paresthesias were evident. It was stated that the applicant was currently pregnant and could not obtain further x-rays. The applicant was apparently working as a physicist. Physical therapy was endorsed in favor of medications owing to the applicant's pregnancy. It was stated that the applicant had not lost any time from work as a result of the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 2 weeks (cervical spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The six-session course of therapy proposed is seemingly compatible with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The admittedly information on file suggested that the applicant had responded favorably to earlier treatment as evinced by her successful return to regular duty work. The applicant did apparently present to a new provider on August 11, 2014 reporting some flare in right upper extremity radicular complaints. A short course of physical therapy was indicated to ameliorate the same. Therefore, the request was medically necessary.