

Case Number:	CM14-0206410		
Date Assigned:	12/18/2014	Date of Injury:	12/16/2011
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 53 year old female with an injury date of 12/16/11. Based on the 09/23/14 progress report provided by treating physician, the patient complains of neck pain that radiates into the shoulders and upper extremities. Physical examination on 09/23/14 revealed tenderness present over the trapezius and infraspinatus and rhomboids bilaterally. Range of motion was decreased to 3/4 of normal in all directions. Per treater report dated 09/23/14, the patient had an epidural steroid injection July of 2012 which did not help. Patient had 8 physical therapy sessions in 2013 which apparently did not help. Per progress report dated 11/03/14, treater recommends patient to "proceed with physical therapy. Stop the therapy if it makes her feel worse." Patient reiterates that she is "against the idea of surgery." The patient is temporarily totally disabled. Per progress report dated 12/08/14, treater states the patient is to "continue with physical therapy but discontinue the traction and weight lifting."MRI of the Cervical Spine 10/12/14, per treater report dated 09/23/14- C3-4: large right paracentral disc protrusion- C4-5 and C5-6: protrusions are more left sided.Diagnosis 09/23/14, 11/03/14- cervical radiculitis secondary to spondylosisDiagnosis 12/08/14- cervical radiculitis secondary to spondylosis and disc ruptures, multiple levelsThe utilization review determination being challenged is dated 11/14/14. The rationale is "...two sessions of physical therapy is medically necessary for the purpose of addressing residual impairments and training in self-directed home exercise program." Treatment reports were provided from 09/23/14 - 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with neck pain that radiates into the shoulders and upper extremities. The request is for physical therapy 2x4 for the neck. Patient's diagnosis on 11/03/14 included cervical radiculitis secondary to spondylosis. Per treater report dated 09/23/14, the patient had an epidural steroid injection July of 2012 which did not help. Patient had 8 physical therapy sessions in 2013 which apparently did not help, either. The patient is temporarily totally disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." UR letter dated 11/14/14 states "...two sessions of physical therapy is medically necessary for the purpose of addressing residual impairments and training in self-directed home exercise program." Per progress report dated 11/03/14, treater recommends patient to "proceed with physical therapy. Stop the therapy if it makes her feel worse." Patient reiterates that she is "against the idea of surgery." Given the patient's condition, neck symptoms, and duration of a year since last course of physical therapy, the request appears reasonable and indicated by MTUS for her condition. Per progress report dated 12/08/14, treater states the patient is to "continue with physical therapy..." It appears that patient has already started physical therapy, which IS medically necessary.