

Case Number:	CM14-0208309		
Date Assigned:	12/22/2014	Date of Injury:	01/03/2014
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 38 year old female with the injury date of 01/03/14. Per physician's report 11/06/14, the patient has neck pain at 8/10, left shoulder pain at 4/10, right shoulder pain at 8/10, left wrist and left hand pain at 7/10 and right wrist and right hand pain at 5/10. "The patient completed 8 sessions of physical therapy, which [was] helpful in decreasing her pain." The patient utilized Tera-Tek which reduced her pain from 8/10 to 6/10. The patient is currently not working. The lists of diagnoses are: 1) Chronic cervical strain 2) Right chronic trapezia strain 3) Right shoulder partial rotator cuff tear Per 10/27/14 progress report, the patient has persistent neck pain at 9/10, radiating down her upper extremities bilaterally. The patient went back to work last week with restrictions. The range of right shoulder motion is decreased. There is tenderness over the acromioclavicular joint with decreased strength, 4/5 with flexion and extension. The MRI of the cervical spine from 07/18/14 reveals 1) very mild degenerative changes at C4-5 and C5-6 2) Mild to moderate neural foraminal stenosis at C5-6 on the right and very mild neural foraminal stenosis at C4-5 bilaterally. The utilization review determination being challenged is dated on 11/20/14. Treatment reports were provided from 01/26/14 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic)

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

Decision rationale: The patient presents with pain and weakness in her neck and upper extremities bilaterally. The request is for 12 sessions of physical therapy for the cervical spine. The patient has had 12 sessions, including the recent 6 sessions between 01/13/14 and 03/11/14. For non-post-operative therapy treatments, MTUS guidelines pages 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the physical therapy reports are provided but none of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement except "physical therapy was helpful in decreasing her pain." There is no explanation as to what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with 12 already received would exceed what is recommended per MTUS guidelines. The request for physical therapy is not medically necessary.