

Case Number:	CM14-0209746		
Date Assigned:	12/22/2014	Date of Injury:	09/23/2009
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 46 yo female who sustained an industrial injury on 09/23/2009. The mechanism of injury was due to repetitive work activities. Her diagnoses include injuries to her bilateral upper extremities, neck, and wrists. She is status post anterior cervical discectomy and fusion. She continues to complain of persistent neck and bilateral shoulder pain rated as 3-4/10. Physical exam reveals decreased range of cervical motion, tenderness over the trapezius and paraspinal muscles, positive Spurling testing on the left and decreased range of motion with pain on rotation of the shoulders. There was normal strength, sensation, and reflexes of the upper extremities. Treatment in addition to surgery has consisted of medical therapy including topical compounds and physical therapy. The treating provider has requested Physical therapy for the cervical spine, 2 times a week for 4 weeks; 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, 2 times a week for 4 weeks; 8 sessions: Upheld

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

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic neck pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant had completed multiple physical therapy sessions since post-operatively with a reported good benefit. There are no reported acute clinical findings or indication as to why home exercises would not be more appropriate ten- plus months from surgery. Medical necessity for the requested additional physical therapy sessions has not been established. The requested service is not medically necessary.