

Case Number:	CM14-0096751		
Date Assigned:	07/28/2014	Date of Injury:	01/14/2014
Decision Date:	01/30/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 Neurology, 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 55-year-old female truck driver who slipped and fell on ice on 1/14/2014. Her diagnoses include cervical spine sprain and strain, thoracic spine sprain and strain, lumbar spine musculoligamentous injury without discopathy, lumbar spine sprain and strain, right shoulder bicipital tendinitis, right shoulder rotator cuff tendonitis, right shoulder trapezial myofasciitis, right shoulder sprain and strain, right wrist sprain, and right hand CMC arthrosis/basal joint. The disputed treatment is for physical therapy for the cervical spine 3x4. The medical records indicate that physical therapy has been provided for the elbow, shoulder and the wrist. On an initial chiropractic report dated 4/8/14, the patient is diagnosed with cervical strain. It is noted that the patient has been treated with medications and therapy without improvement. The patient has been therefore recommended a course of chiropractic treatment. A report dated 5/16/14 has been submitted from the physician requesting physical therapy treatments. Per this report, the patient was examined on 4/28/14 at which time she complained of neck pain rated 7-8/10. She complained of stiffness, limited range of motion and muscle spasm. She stated her neck symptoms have remained the same since injury. Cervical spine examination revealed tenderness, 40 degrees flexion, 30 degrees extension and right lateral flexion, 35 degrees left lateral flexion, 80 degrees right rotation and 70 degrees left rotation. Sensory examination was intact. Motor strength was 5/5 and reflexes were symmetrical. Treatment plan included physical therapy and chiropractic care. 5/1/14 requests PT for diagnoses of cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the Cervical Spine 3 times per week times 4 weeks: Upheld

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.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines further state that 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. In this case, while it is noted that the patient has undergone previous physical therapy treatments, the physical therapy reports indicate that physical therapy has been provided for the shoulder, elbow and wrist. The medical records do not establish that the patient has undergone a course of physical therapy treatment for the cervical spine. However, the MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions of physical therapy treatments for myalgia, myositis, neuralgia, neuritis, and radiculitis. The request for 12 sessions exceeds the recommended amount of therapy per the MTUS guidelines. Modification cannot be rendered in this review; therefore, the request for Physical Therapy of the Cervical Spine 3 times per week times 4 weeks is not medically necessary.