

Case Number:	CM15-0001577		
Date Assigned:	01/12/2015	Date of Injury:	08/05/2007
Decision Date:	03/06/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 46 year old female with a date of injury 8/5/2007. Her diagnoses include extension based neck pain and facet arthropathy of cervical spine. Per a PR-2 dated 12/1/2014, the IW reports 6/10 pain in the neck with radiation to the left trapezius. She also reports tingling on the left side of the neck. The IW experiences increased pain with lifting heavy objects. Her physical examination was significant for tenderness to palpation of the cervical spine and slightly decreased motor exam on the left. Reflexes were hyperflexic bilaterally. Therapeutic treatments have included 18 physical therapy visits, 16 chiropractic care appointments, and 20 acupuncture treatments. The IW is also taking oral nonsteroidal anti-inflammatory medications, narcotics, analgesic patches and has had a medial branch nerve block at C5-C7 levels. An MRI dated 9/4/2013 revealed degenerative disc disease without canal stenosis or neural foraminal narrowing. The IW has not worked since 2007. On 12/29/2014 UR noncertified a request for physical therapy, two visits three times weekly for the cervical spine. CA MTUS was cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits for the Cervical Spine (2 times a week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This is a request for ongoing physical therapy for a chronic condition. Documentation reports 18 previously attended physical therapy visits. The documentation does not include any progress notes from these visits or any details to support improvement of symptoms related to previous treatments. The IW has utilized multiple conservative treatments. There is no documentation of functional improvement. The IW remains unable to work. There is not documentation to support a decreased dependence of analgesia. The chart reports the IW is still not able to sew, her personal hobby, because of discomfort. Guidelines do not recommend maintenance care. Additionally, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home PT program in the records. The request for PT is not medically necessary.