MAXIMUS Federal Services

Case Number:	CM15-0003843		
Date Assigned:	01/14/2015	Date of Injury:	04/19/2014
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on April 19, 2014. She has reported pain in neck radiating to bilateral hands with tingling in bilateral hands left >than right. The diagnoses have included post-concussion syndrome, rotator cuff tear, cervicalgia, left knee pain and post-traumatic stress disorder. Treatment to date has included electromyogram upper limbs, physical therapy to neck and left knee unknown number of sessions, oral Non-steroidal anti-inflammatory drug, topical rubs and oral over the counter pain medication, a computed tomography scan was performed without mention of area of back with results revealing some degenerative disc disease. Currently, the injured worker complains of difficulties with her left arm, neck, headaches, anxiety as well as left knee pain she has difficulty walking due to pain, sleep is poor and related to her nervousness. The injured worker as of September 2, 2014 document is temporally totally disable. On December 22, 2014 Utilization Review non-certified a physical therapy 6 sessions for the neck noting, Official Disability Guidelines, was cited. On December 15, 2014, the injured worker submitted an application for IMR for review of physical therapy 6 sessions for the neck, and physical therapy 6-12 sessions left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy times 6 sessions for the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Shoulder Chapter, Physical Therapy Guidelines

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

Decision rationale: The patient presents with difficulties with her left arm, neck, headaches, anxiety as well as left knee pain. The request is for PHYSICAL THERAPY TIMES 6 SESSIONS FOR THE NECK. The RFA is not included. She has reported pain in neck radiating to bilateral hands with tingling in bilateral hands left more than right. Patient's diagnosis included post-concussion syndrome, rotator cuff tear, cervicalgia, left knee pain and post-traumatic stress disorder. Per Occupational and Environmental Neurology Consultation report dated 09/02/14, MRI of the left shoulder revealed complete rotator cuff tear but surgery was postponed due to her blood sugar. Sensory examination revealed reduced sensation in the entire left upper extremities. 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 over 4 weeks are recommended." Treater is requesting 6 additional sessions of physical therapy. There are no progress reports provided; however, per the UR letter dated 12/22/14, the patient has received unknown number of physical therapy sessions to the neck as well as acupuncture treatments. There are no discussions or documentations regarding the number of completed sessions and functional outcomes. Furthermore, treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.