

Case Number:	CM15-0004411		
Date Assigned:	01/15/2015	Date of Injury:	06/27/2008
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
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: 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 57 year old female, who sustained an industrial injury on June 27, 2008. She has reported neck and upper arm injury. The diagnoses have included cervical spine sprain of ligaments, brachial neuritis or radiculitis, and cervical spondylosis without myelopathy. Treatment to date has included medications, neck bracing, physical therapy, and surgery. Currently, the IW complains of pain with tremor to the right upper arm. The Utilization Review indicates that a previous non-certification was given on November 26, 2014 for the request of 12 visits of physical therapy to the cervical spine. The records indicate that on October 13, 2014, a physical therapy report indicates the claimant returned to physical therapy after a two month absence and had no change in her condition. The report also indicates that she had already completed 13 sessions of physical therapy with no significant improvement. On December 9, 2014, Utilization Review non-certified the request for physical therapy three times weekly for four weeks for the cervical spine, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of physical therapy three times weekly for four weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181. Decision based on Non-MTUS Citation Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested Physical therapy 3 x 4 for cervical spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck and arm pain despite physical therapy. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 3 x 4 for cervical spine is not medically necessary.