

Case Number:	CM15-0101160		
Date Assigned:	06/03/2015	Date of Injury:	06/14/2014
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
 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 male, who sustained an industrial injury on 6/14/2014. He reported injuries due to a motor vehicle accident. Diagnoses have included cervical radiculopathy, lumbosacral radiculopathy and shoulder impingement. Treatment to date has included physical therapy and medication. Cervical magnetic resonance imaging (MRI) from 11/19/2014 showed loss of normal cervical lordotic curvature with straightening. According to the progress report dated 4/22/2015, the injured worker complained of exacerbation of neck and lower back pain with radiating pain down the upper and lower extremities with numbness, tingling and weakness. He complained of difficulty with his daily activities along with difficulty with prolonged sitting, standing, walking, squatting, gripping and grasping. The injured worker had been declared permanent and stationary. Authorization was requested for cervical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Physical therapy.

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

Decision rationale: The patient presents with pain affecting the neck and upper back with radiation to the bilateral upper and lower extremities. The current request is for Physical Therapy Cervical. The treating physician report dated 5/7/15 (36B) states, "For now, I will recommend the patient will continue with home exercises and physiotherapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient's status is not post-surgical. The patient has received an unknown number of visits of physical therapy to date and the current request does not specify a quantity of Pt sessions to be received by the patient. The MTUS guidelines do not support an open-ended request. Furthermore, the patient has already established a home exercise program and there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.