

Case Number:	CM15-0101962		
Date Assigned:	06/04/2015	Date of Injury:	06/18/2014
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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 53-year-old male injured worker suffered an industrial injury on 06/18/2014. The diagnoses included cervical radiculopathy and degenerative disc disease. The injured worker had been treated with medications. On 4/23/2015 the treating provider reported neck pain, rated 6/10 radiating down the right arm. On exam, the cervical muscles were mild to moderately tender and hypertonic with reduced range of motion. There was decreased sensation to the left arm and hand. The treatment plan included Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: The patient presents with neck pain that radiates down to the left arm. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS CERVICAL SPINE.

Physical examination to the cervical spine on 04/07/15 revealed tenderness to palpation over the left upper and left lower paraspinals and over the scapular muscle region. Range of motion was decreased in all planes. Patient has had physical therapy and chiropractic treatments with benefits. Per 03/10/15 progress report, patient's diagnosis include cervical radiculopathy, cervical degenerative disc disease, status post cervical spinal fusion (C5-6; correction dated 9-24-14; "C5-6" is replaced with C6-7), nonalopathic lesion of thoracic region, and myalgia and myositis. Patient is temporarily totally disabled. MTUS pages 98, 99 have 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 homePhysical 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 are recommended." Treater has not discussed this request. In progress report dated 03/10/14, it is stated that patient started physical therapy yesterday. In progress report dated 04/23/15, patient states that physical therapy is helpful but progress is slow. Based on the medical records provided, it appears that the patient has completed 3 sessions of physical therapy. Given the patient's condition, a short course of therapy would be beneficial. However, the requested 8 sessions would exceed what is allowed by MTUS and therefore, the request IS NOT medically necessary.