

Case Number:	CM15-0107451		
Date Assigned:	06/11/2015	Date of Injury:	04/14/2010
Decision Date:	07/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 4/14/10. She reported bilateral shoulder pain, neck pain and wrist pain following a fall. The injured worker was diagnosed as having degenerative cervical disc disease at C5-6 and C6-7 with foraminal stenosis and chronic bilateral C5 radiculopathy. Treatment to date has included cervical epidural injection, bilateral shoulder surgery and activity restrictions. (EMG) Electromyogram revealed C5 radiculopathy and (MRI) magnetic resonance imaging demonstrated C5-6 and C6-7 foraminal stenosis. Currently, the injured worker complains of continued neck pain. It is noted the cervical epidural injection helped improve the mobility of neck. Physical exam noted weakness in right biceps, shoulder external rotation, shoulder forward elevation and wrist extension. The treatment plan included a request for physical therapy of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical Spine QTY: 12: Upheld

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

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

Decision rationale: CA MTUS Guidelines recommend continued physical therapy with documentation of objective evidence of functional benefit. In this case, there is no documentation of functional improvement from previous treatment. Furthermore, the completed physical therapy sessions have allowed ample time to transition to a home exercise program to further treat ongoing neck problems. Therefore, in this case, the request for continued PT is deemed not medically necessary or appropriate at this time.