MAXIMUS Federal Services

Case Number:	CM15-0109061		
Date Assigned:	06/15/2015	Date of Injury:	06/01/2012
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 26 year old female, who sustained an industrial injury on 6/01/2012. Diagnoses include cervical sprain/strain neck and cervical radiculitis. Treatment to date has included modified work, home exercise program, transcutaneous electrical stimulation (TENS) unit, heat therapy and medications including NSAIDs, muscle relaxants and opioid pain medications. Per the Primary Treating Physician's Progress Report dated 5/04/2015, the injured worker reported neck and upper back pain. She continues to have flare-ups 1-2 times per month and reports new intermittent bilateral elbow and forearm pain when typing at work. Physical examination revealed tenderness to palpation of the right medial epicondyle, bilateral cervical paraspinal muscles and trapezius. The plan of care included continuation of medications and physical therapy and authorization was requested for Norco 5/325mg and 8 (2x4) physical therapy sessions 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 for the cervical spine 2 times weekly for 4 weeks, quantity: 8 sessions:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate the number of prior physical therapy sessions that have been completed or when this patient last attended therapy. The treating physician documents that this patient is actively participating in a HEP and utilizing a TENS unit. There was not documentation of re-injury or objective findings that provide rationale for additional therapy. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physical therapy for the cervical spine 2 times weekly for 4 weeks, quantity: 8 sessions is not medically necessary.