

Case Number:	CM15-0130251		
Date Assigned:	07/16/2015	Date of Injury:	02/20/2012
Decision Date:	08/12/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained an industrial injury on 2/20/2012. She reported pain in her low back, neck, trapezius musculature and right shoulder after lifting a patient. Diagnoses have included status post right shoulder surgery, C5 and C7 nerve root dysfunction, cervical strain, cervical torticollis and S1 radiculopathy. Treatment to date has included physical therapy, Botox injections, cervical epidural steroid injection and medication. According to the progress report dated 6/11/2015, the injured worker complained of recurrent neck pain. She recently had low back pain on the left. She was taking Valium and doing exercises with bands that she was given in the past. Physical exam of the neck revealed spasm and pain to palpation of the paraspinal muscles and trapezius areas. There was spasm and tenderness to palpation of the paraspinal muscles in the thorax and lumbosacral spine. The injured worker was temporarily totally disabled. Authorization was requested for physical therapy for the cervical spine, twelve visits over four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical spine: Upheld

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

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

Decision rationale: 12 physical therapy sessions for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.