MAXIMUS Federal Services

Case Number:	CM15-0132465		
Date Assigned:	07/20/2015	Date of Injury:	07/24/2010
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury on 7-24-10. Diagnoses are 2 mm disc herniation at C3-4, 3 mm disc herniation at C4-5 with possible corresponding left C4 and C5 radiculopathies, left wrist strain-sprain, left shoulder contusion with possible partial thickness rotator cuff supraspinatous tear, left anteromedial leg contusion, left ankle strain-sprain, and left knee surgery 1-20-15. In a progress report dated 6-1-15, the primary treating physician notes complaints of neck and low back pain and that she uses medications to reduce her symptoms. Examination notes motion of the neck causes painful symptoms and there is evidence of muscle spasm at the cervical spine. Lumbar exam notes she has difficulty walking and changing positions and getting onto the exam table. Motion is restricted and causes painful symptoms. There is guarding with motion and muscle spasm is present. A urine drug screen is consistent with current medications, physical therapy was requested and she is permanent and stationary. A physical therapy noted dated 6-10-15 indicates this date is visit number 20. The requested treatment is 12 sessions of physical therapy, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy, cervical spine: Upheld

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

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

Decision rationale: According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic neck pain and has been treated previously with physical therapy. The documentation doesn't support why further physical therapy would be required. The patient should be able to cooperate with a home exercise program. The request is not medically necessary.