

Case Number:	CM15-0133201		
Date Assigned:	07/22/2015	Date of Injury:	04/01/2015
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on April 1, 2015. The injured worker has complaints of neck and right upper extremity pain. The documentation noted that the injured worker has positive cervical tenderness and muscle spasms noted in the paraspinal musculature. The diagnoses have included cervical strain, rule out herniated nucleus pulposus (HNP). Treatment to date has included physical therapy; cervical spine X-rays on June, 1, 2015 showed degenerative disc disease and right shoulder within normal limits. The documentation noted that the urine drug screen was positive for a non-prescribed substance. The request was for additional physical therapy (PT) 2 x 4 cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) 2 x 4 cervical: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in April 2015 and continues to be treated for neck pain with bilateral upper extremity pain and numbness. She has a diagnosis of a cervical strain and possible disc herniation. When physical therapy was requested, there was decreased cervical spine range of motion. Urine drug screening was performed and she was referred for eight sessions of physical therapy. Authorization for an MRI of the cervical spine was requested. On 06/10/15 she had started physical therapy. Urine drug screening had been positive for a non-prescribed substance. Ultram was causing her to be sick. There was cervical spine tenderness with decreased range of motion. When requested, this appears to have been an initial request for physical therapy for the treatment of a cervical strain and possible radiculopathy. Guidelines recommend up to 12 therapy treatment sessions over 10 weeks for this condition. In this case, the number of treatments requested is within that recommended. the claimant was more than 6 weeks status post injury and had not returned to unrestricted work. The request was medically necessary.