

Case Number:	CM15-0133608		
Date Assigned:	07/21/2015	Date of Injury:	04/08/2015
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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 40 year old female who sustained an industrial injury on 4-8-15. In an initial orthopedic evaluation dated 5-18-15, the physician notes pain and crepitus in the neck with range of motion which is decreased at least 50% from normal. There is slight pain with palpation of the subacromial space and full range of motion. The impingement sign is negative. Her grip strength is significantly diminished on the left side compared to the right. X-rays of the cervical spine show moderately severe C5-6 degenerative disc disease with reversal of normal cervical lordosis. Shoulder x-rays are normal. The impression is cervical degenerative disc disease and likely cervical herniated disc causing cervical radiculopathy in the left upper extremity. In a progress report dated 6-8-15, the treating physician notes a treatment plan of a non-steroidal anti-inflammatory drug and physical therapy. Work status is to remain off work until 7-13-15. The requested treatment is physical therapy, twelve sessions, for the cervical spine and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve sessions cervical spine left upper extremity: Overturned

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

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, Brachial neuritis or radiculitis.

Decision rationale: The claimant sustained a work injury in April 2015 and is being treated for radiating neck pain. When seen, she was having symptoms radiating into the left upper extremity. There was decreased cervical spine range of motion. Grip strength and left upper extremity reflexes were decreased. There was decreased left first and second finger sensation. Shoulder impingement testing was negative. She was referred for 12 sessions of physical therapy with a diagnosis of cervical radiculopathy. Guidelines recommend up to 12 therapy treatment sessions over 10 weeks for the claimant's condition. In this case, although fewer treatments may be needed, the request is within the guideline recommendation. The claimant has symptoms lasting for more than 6 weeks and has not returned to work. This request for therapy is medically necessary.