

Case Number:	CM15-0138293		
Date Assigned:	07/28/2015	Date of Injury:	05/08/2012
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This 61 year old woman sustained an industrial injury on 5/8/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine pain, symptomatic cervical foraminal stenosis with disc bulge and annular tear, and cervical radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 4/22/2014 show complaints of cervical spine pain rated 5-6/10 with radiation to the left upper extremity with numbness and tingling. Recommendations include surgical intervention, continue current medications regimen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions (2x3) for cervical: Upheld

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

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

Decision rationale: 6 physical therapy sessions (2x3) for cervical is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits

for this condition and a transition to an independent home exercise program. The documentation includes one progress note from 4/22/14 and it is not clear on how many prior total cervical PT sessions the patient has had; or why she is unable to perform an independent home exercise program. Without clarification of this information the request for physical therapy is not medically necessary.