

Case Number:	CM15-0139062		
Date Assigned:	07/30/2015	Date of Injury:	04/26/2015
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Indiana, New York
 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 39 year old female, who sustained an industrial injury on 04-26-2015. She has reported injury to the neck. The diagnoses have included cervicalgia; cervical spine musculoligamentous sprain; cervical spine disc protrusions (multilevel 2-5mm); rule out bilateral upper extremity radiculopathy; thoracic spine strain; and right hip muscle strain. Treatments have included medications, diagnostics, and physical therapy. Medications have included Motrin, Percocet, Tylenol No. 3, Flexeril, and Soma. A progress report from the treating physician, dated 06-30-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued severe pain in the cervical spine; the pain level is rated at 7-8 out of 10 on the visual analog scale; the pain radiates to the bilateral shoulders, down to the center of the low back, and to the base of the skull; and she has tingling of the bilateral hands. Objective findings included limited ranges of motion of the cervical spine; tenderness to palpation of the bilateral paracervicals; and bilateral upper extremity motor exam is 5 out of 5. The treatment plan has included the request for physical therapy 3 times a week for 4 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine disc protrusion; cervical spine musculoligamentous strain sprain; thoracic spine sprain strain; and rule out upper extremity radiculopathy. The date of injury is April 26, 2015. The request for authorization is dated June 30, 2015. There is no progress note documentation in the medical record. However, according to the utilization review, a progress note dated June 30, 2015 was reviewed. The injured worker continued to complain of cervical spine pain with radiation to the bilateral shoulders and tingling in the bilateral hands. Objectively, there was tenderness palpation overlying the paraspinal cervical muscle groups decreased range of motion. Motor strength was normal. The documentation does not indicate whether the injured worker received prior physical therapy. There are no physical therapy progress notes in the medical record. There is no documentation that demonstrates objective(s) improvement. There are no compelling clinical facts indicating additional physical therapy is warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no physical therapy progress notes, no documentation indicating the total number of physical therapy sessions and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks to the cervical spine is not medically necessary.