

Case Number:	CM15-0139089		
Date Assigned:	07/29/2015	Date of Injury:	11/23/2010
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
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
 Certification(s)/Specialty: Emergency 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 is a 49-year-old female with a November 23, 2010 date of injury. A progress note dated June 25, 2015 documents subjective complaints (flare up of neck pain; getting progressively worse; pain rated at a level of 7/10 and radiates down the right arm into the hand; pain, numbness, and tingling into the middle finger and the ring finger; forearm pain and cramping), objective findings (tenderness to palpation of periscapular; decreased sensation to pinwheel entire right side), and current diagnoses (cervical strain; carpal tunnel syndrome right wrist). Treatments to date have included cervical spine fusion, x-rays of the cervical spine that showed stable C4 to C6 solid fusion with interbody cages, medications, physical therapy, and magnetic resonance imaging of the cervical spine that showed marked cervical kyphosis with spinal stenosis at C5-6. The treating physician documented a plan of care that included physical therapy 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 for the cervical spine 2 times a week for 3 weeks, quantity: 6 sessions:
 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 98-99 Page(s): 98-99.

Decision rationale: The requested Physical therapy for the cervical spine 2 times a week for 3 weeks, quantity: 6 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The treating physician has documented subjective complaints (flare up of neck pain; getting progressively worse; pain rated at a level of 7/10 and radiates down the right arm into the hand; pain, numbness, and tingling into the middle finger and the ring finger; forearm pain and cramping), objective findings (tenderness to palpation of periscapular; decreased sensation to pinwheel entire right side). The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for the cervical spine 2 times a week for 3 weeks, quantity: 6 sessions is not medically necessary.