

Case Number:	CM15-0139166		
Date Assigned:	07/29/2015	Date of Injury:	10/13/2003
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old female, who sustained an industrial injury on 10/13/2003. Diagnoses include cervicalgia, myofascial pain syndrome and cervical radiculopathy. Treatment to date has included physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 6/10/2015, the injured worker reported moderate posterior neck pain that radiates to the upper back, intrascapular area, shoulders and arms. Magnetic resonance imaging (MRI) shows a C3-4 broad based disc bulge. She has benefitted from physical therapy with increased function and reduced pain. She was able to receive 4 treatments before her authorization expired. Physical examination of the cervical spine revealed decreased range of motion without pain. The plan of care included physical therapy and follow up care. Authorization was requested for 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy sessions, 8 sessions: Upheld

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

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

Decision rationale: The patient presents with moderate posterior neck pain that radiates to the upper back, intrascapular area, shoulders and arms. The current request is for 8 sessions of physical therapy. Clinical records reviewed indicated the patient completed 6 sessions of physical therapy for the cervical spine between 11/5/14 and 11/20/14 and completed an additional 4 sessions between May and June of 2015 (10 total). The treating physician states on 6/10/15 (154B) that the patient "has benefited from PT with increased function and reduced pain." The treating physician requests 6 additional sessions of physical therapy. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why the home exercise program that has been established is insufficient. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.