

Case Number:	CM15-0141689		
Date Assigned:	07/31/2015	Date of Injury:	07/07/2004
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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:

This 62 year old female sustained an industrial injury to the neck on 7-7-04. Documentation did not disclose previous treatment or magnetic resonance imaging. In a PR-2 dated 6-23-15, the injured worker complained of a recent increase in aching and burning pain to the dorsal spine and right paraspinal musculature with radiation to the forearm and hand. The injured worker stated that she felt a constant ache at nights and during work. Physical exam was remarkable for slight depression of the right trapezius, burning tightness to the right rhomboid and parascapular muscle with decreased range of motion, pain to the right forearm muscle mass and tenderness to palpation to the right rhomboid. Current diagnoses included chronic musculoligamentous strain and cervico-dorsal spine with spondylosis. The treatment plan included 18 sessions of physical therapy and medications (Norco, Fexmid and topical compound cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; eighteen (18) sessions (3x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear if the patient has previously undergone therapy sessions. If so, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Additionally, the current request exceeds the number recommended by guidelines for the patient's diagnoses. If the patient has not undergone therapy sessions previously, the current request exceeds the 6-visit trial recommended by guidelines. As such, the current request for physical therapy is not medically necessary.