

Case Number:	CM15-0144833		
Date Assigned:	08/04/2015	Date of Injury:	03/12/2014
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 38 year old female, who sustained an industrial injury on 03-12-2014. She has reported injury to the neck. The diagnoses have included chronic axial neck pain; cervical spondylosis without myelopathy; right upper extremity radiculopathy; and chronic right shoulder and upper extremity pain. Treatment to date has included medications, diagnostics, acupuncture, occupational therapy, physical therapy, and home exercise. A progress note from the treating physician, dated 07-06-2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports that she continues to attend physical therapy and has one session left; she reports significant improvement of her symptoms with physical therapy; on her own, she is also swimming as well as lifting light weights; she also has recently started occupational therapy for her hand; her neck symptoms continue to improve; her symptoms have improved greater than 50% with physical therapy; and she continues to work full duty. Objective findings included good coordination; there is no weakness or sensory deficit; deep tendon reflexes are intact; she has full strength and sensation in her bilateral upper and lower extremities; exam of the right and left upper extremities does not show any tenderness and range of motion is unremarkable; strength and tone are normal; neck range of motion continues to improve; and there is mild right trapezius tenderness noted without spasm. The treatment plan has included the request for physical therapy for the neck, 2 times a week for 3 weeks, quantity: 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, 2 times a week for 3 weeks, quantity: 6 sessions: Upheld

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

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

Decision rationale: The 38 year old patient complains of neck pain and has been diagnosed with cervical spondylosis and right upper extremity radiculopathy, as per progress report dated 07/06/15. The request is for PHYSICAL THERAPY FOR THE NECK, 2 TIMES A WEEK FOR 3 WEEKS, QUANTITY: 6 SESSIONS. The RFA for the case is dated 07/06/15, and the patient's date of injury is 03/12/14. MRI of the cervical spine, dated 02/23/15 and reviewed in progress report dated 06/26/15, revealed small posterior annular bulge at C4-5 and C5-6 indenting the ventral subarachnoid space. The patient has been released to work without restrictions, as per progress report dated 07/06/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the patient has received physical therapy in the past. As per progress report, dated 07/06/15, the patient's "symptoms have improved greater than 50% with physical therapy." She is also following a home exercise regimen that included swimming and light weights. The treater believes that the patient needs 6 additional sessions of PT and will not require any more therapy after that. However, the progress reports and the Utilization Review denial letter do not document the number of PT sessions completed until now. MTUS only allows for 8-10 sessions in non-operative cases. It is not clear why the patient cannot continue with HEP and benefit from it. Additionally, the treater does not document specific functional improvement due to prior PT. Hence, the request IS NOT medically necessary.