

Case Number:	CM15-0145567		
Date Assigned:	08/06/2015	Date of Injury:	06/05/2013
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
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, 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 49 year old male, who sustained an industrial injury on June 5, 2013. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having cervical radiculopathy and rule out degenerative disc disease (DDD). Treatment to date has included topical medication, x-rays, magnetic resonance imaging (MRI), physical therapy, chiropractic treatment and acupuncture. A progress note dated May 12, 2015 provides the injured worker complains of chronic neck pain. The plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT for The Cervical Spine - 12 Visits: 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 patient presents with pain affecting the cervical spine. The current request is for PT for The Cervical Spine - 12 visits. The treating physician report dated 5/12/15 (14A) provides no rationale for the current request. The UR report dated 7/15/15 (6B) notes that the patient has received at least 24 sessions of physical therapy previously. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient's status is not post-surgical. The medical reports provided show the patient has received at least 24 visits of prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the cervical spine. In this case, the patient has received at least 24 visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines and there is no documentation of any recent surgery, injuries or exacerbation. The current request is not medically necessary.