

Case Number:	CM15-0161263		
Date Assigned:	08/28/2015	Date of Injury:	07/12/2001
Decision Date:	10/02/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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 54 year old male, who sustained an industrial injury on 7-12-01. He reported pain in his neck, back and right shoulder. The injured worker was diagnosed as having cervicogenic headaches and right shoulder impingement. Treatment to date has included Skelaxin and Norco. On 4-22-15, the injured worker reported 9 out of 10 pain. The treating physician noted decreased lumbar range of motion and tenderness over the L4-L5 spinous processes. As of the PR2 dated 7-30-15, the injured worker reports pain in his neck and headaches. Objective findings include left levator scapula is indurated and tender and increased dorsal kyphosis. The treating physician requested physical therapy x 8 session 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, quantity: 8 sessions: Overturned

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

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

Decision rationale: The patient presents with neck pain and headaches. The request is for physical therapy for the cervical spine, quantity: 8 sessions. The request for authorization is not provided. MRI of the lumbar spine, 02/21/15, shows mild to moderate spondylosis, most pronounced at L5-S1. MRI of the brain, 05/22/15, shows no definite evidence for an acute or intracranial abnormality; mild chronic left maxillary sinusitis; there is no evidence for infarct, mass, mass effect, midline shift, hemorrhage or hydrocephalus. Physical examination of the neck reveals the left levator scapula is indurated and tender. He does have an increase in his dorsal kyphosis. Per progress report dated 04/22/15, the patient continues full duty. MTUS, Physical Medicine Section, pages 98, 99 states: 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." Per progress report dated 07/30/15, treater's reason for the request is "to include posture training." In this case, the patient continues with neck pain. Given the patient's condition, a short course of Physical Therapy would be indicated. Review of provided medical records shows no evidence of prior Physical Therapy visits. The request appears reasonable and within guidelines indication for Physical Therapy. Therefore, the request IS medically necessary.