

Case Number:	CM15-0161388		
Date Assigned:	08/27/2015	Date of Injury:	07/10/2014
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 46 year old female, who sustained an industrial injury on 7-10-2014. She reported pain in the neck, right shoulder and back from pushing and reaching activity. Diagnoses include cervical sprain-strain, muscle spasm of the neck, cervical disc protrusion, stenosis and spondylosis. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of neck pain and stiffness with radiation down the right arm. On 7-10-15, the physical examination documented decreased range of motion in the cervical spine. The appeal included a request to authorize twelve additional physical therapy sessions, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Cervical Spine, 3 times wkly for 4 wks, 12 sessions: Upheld

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 was injured on 07/10/14 and presents with cervical spine pain. The request is for additional physical therapy, cervical spine, 3 times wkly for 4 wks, 12 sessions. The RFA is dated 07/31/15 and the patient is to return to full duty on 07/22/15 with no limitations or restrictions. The utilization review denial letter states that the patient was certified for 12 sessions of physical therapy for the cervical spine on 06/04/15. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient has a decreased cervical spine range of motion and is diagnosed with cervical sprain-strain, muscle spasm of the neck, cervical disc protrusion, stenosis and spondylosis. Treatments to date include activity modification, medication therapy, and physical therapy. Review of the reports provided did not indicate if the patient had any recent surgeries. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical therapy in addition to the 12 the patient already has authorized exceeds what is recommended by MTUS guidelines. The request is not medically necessary.