

Case Number:	CM15-0162058		
Date Assigned:	08/28/2015	Date of Injury:	01/16/2008
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
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, 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 66 year old female, who sustained an industrial injury on 1-16-08. She has reported initial complaints of a neck injury. The diagnoses have included cervical pain, cervical facet syndrome, low back pain, lumbar disc disorder, myofascial pain, and cervical radiculopathy. Treatment to date has included medications, activity modifications, transcutaneous electrical nerve stimulation (TENS), consultations, injections, and other modalities. Currently, as per the physician progress note dated 7-13-15, the injured worker complains of neck and upper extremity pain that is unchanged since the last visit and reports pain is 10 out of 10 without medication and 7 out of 10 with medication. She also reports weakness with increasing muscle spasm and poor sleep quality. The diagnostic testing that was performed included electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included Norco, Zoloft, Prevacid, Lunesta, Fosamax and Zocor. The objective findings-physical exam reveals cervical spine has restricted range of motion with flexion limited to 20 degrees limited by pain, extension limited to 10 degrees limited by pain, and right and left lateral bending limited to 15 degrees limited by pain. There is hypertonicity, tight muscle band and trigger point noted on both sides of the cervical muscles. Spurling's maneuver causes pain in the neck that radiates to the upper extremity. There is no previous therapy sessions noted. The motor testing is limited by pain. The physician requested treatment included Physical therapy for the neck and upper extremities for 6 sessions due to increased muscle spasm and increased neck and upper extremity weakness.

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 and upper extremities, 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - ODG Physical Therapy Guidelines.

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

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Physical therapy for the neck and upper extremities, 6 sessions. The treating physician's report dated 07/13/2015 (25A) states, "Request PT for neck and UE, increasing muscle spasm noted to the left trap/cervical regions, she reports increasing neck and UE weakness." Physical therapy reports were not made available for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, it does not appear that the patient has recently received any physical therapy. Given the patient's symptoms, a short course of treatment is supported by the MTUS Guidelines. The current request is medically necessary.