

Case Number:	CM15-0163104		
Date Assigned:	08/31/2015	Date of Injury:	04/17/2014
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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 53-year-old male who sustained a work related injury April 17, 2014. According to a primary treating physician's progress report, dated July 13, 2015, the injured worker presented with cervical spine and left shoulder pain. According to the physician, his exam is virtually unchanged from the July 2014 examination. Objective findings included; restricted range of motion of the cervical spine and positive left foraminal compression test with reproduction of paresthesias into the left upper extremity. Reduction noted in the biceps reflex and triceps at the left. There is further atrophy of the left pectoral girdle with a positive O'Brien's and crepitus. Diagnoses are cervical spondylosis-radiculopathy (per examination and supported by electrodiagnostic studies); internal derangement, left shoulder, residual labral tear. Treatment plan included non-steroidal anti-inflammatories prescribed, dispensed Voltaren, Prilosec, and Flexeril, urine drug screen performed, and at issue, a request for physical therapy 3 x 6 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 3 x 6 for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The patient presents with severe neck pain that radiates into the shoulder and upper back. The current request is for 18 sessions of physical therapy for the cervical spine. Review of the clinical records provided indicates the patient completed at least 6 sessions of physical therapy for the cervical spine and right shoulder in 2014. The treating physician requests on 7/13/15 (12A) the continuation of physical rehabilitation therapy for the cervical spine, 3 times a week for 6 weeks. MTUS guidelines indicate that Physical Therapy (PT) is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended." In this case, the clinical records reviewed do not provide any compelling reason to perform additional PT. There was no documentation provided that indicated prior treatment produced objective functional improvements. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.