

Case Number:	CM15-0164707		
Date Assigned:	09/02/2015	Date of Injury:	03/21/2014
Decision Date:	10/05/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 56 year old female, who sustained an industrial injury on 03-21-2014. She has reported injury to the neck. The diagnoses have included cervicalgia; chronic cervical discogenic myofascial pain; bilateral cervical brachial syndrome; disc protrusion at C5-C6; and mild uncovertebral hypertrophy C5-C6 and C6-C7, grade I anterolisthesis C4-C5, C5-C6, and C6-C7 secondary to degenerative disc disease. Treatment to date has included medications, diagnostics, physical therapy, and home exercise regimen. A progress report from the treating physician, dated 07-27-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain radiating into the shoulders; and the pain is rated at 4-5 out of 10 on the visual analog scale. Objective findings included in no acute distress; cervical spine range of motion is restricted; lateral bending and rotation to the right is 75% and painful; extension is 75% and painful; there is axial loading with axial pain; and there is tenderness of trapezii bilateral, supraspinatus bilateral, and splenius capitis, right more than left. The treatment plan has included the request for physical therapy re-evaluation, neck; and physical therapy, 2 times weekly, neck quantity: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation, neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: Physical therapy re-evaluation, neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request for 6 more sessions would exceed the recommended 10 sessions for this condition. The documentation indicates that the patient has had prior PT but it is unclear on the outcome or efficacy of this PT. Without this information there are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request for a re-evaluation is not medically necessary.

Physical therapy, 2 times weekly, neck Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: Physical therapy, 2 times weekly, neck Qty: 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request for 6 more sessions would exceed the recommended 10 sessions for this condition. The documentation indicates that the patient has had prior PT but it is unclear on the outcome or efficacy of this PT. Without this information there are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.