

Case Number:	CM15-0180201		
Date Assigned:	09/22/2015	Date of Injury:	02/27/2013
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 53 year old man sustained an industrial injury on 2-27-2013. The mechanism of injury is not detailed. Evaluations include an undated cervical spine MRI indicating radiculopathy. Diagnoses include cervical spondylosis without myelopathy. Treatment has included oral medications. Physician notes dated 7-31-2015 show complaints of neck and upper extremity pain. The physical examination shows restricted range of motion without measurements. Recommendations include cervical spine physical therapy. Utilization Review denied a request for physical therapy citing the functional response to prior physical therapy was not documented. The current deficits in range of motion were not objectively seen, the total number of sessions the worker had received previously was not disclosed, and exceptional factors were not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine, 2 times wkly for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with diagnoses include cervical spondylosis without myelopathy. The patient recently complains of neck and upper extremity pain. The physical examination shows restricted range of motion. The current request is for 8 sessions of physical therapy (PT) for the cervical spine. The UR dated 8/13/15 notes that prior sessions of PT occurred in 2013 but the exact number of sessions was unknown and the body part was not specified. The treating physician requests on 7/31/15 (16B), physical therapy 2 times a week for 4 weeks. The Initial Comprehensive Spine Evaluation dated 5/13/15 (36B) notes the patient's prior treatments have been specific to his elbow but he has not received any treatment for his neck, which has become worse. This report goes on to state that surgical intervention is not recommend, instead physical therapy is recommend for stabilization and strengthening of the cervical spine. This report requested PT 3 times a week for 4 weeks. Daily PT SOAP Notes in the medical history provided document that at least 5 sessions of PT for the cervical spine have occurred. MTUS guidelines indicate that Physical Therapy 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, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical reports provided did not specifically address how many sessions have been completed historically; therefore the number of completed PT visits for the cervical spine is unknown. However, with at least 5 sessions previously completed and the request for 8 more would exceed what MTUS allows for this type of condition. Additionally, documentation of what functional improvement was made with previous sessions of PT or documentation as to why a fully independent home exercise program has not been established was not provided. The current request is not medically necessary.