

Case Number:	CM15-0180313		
Date Assigned:	09/22/2015	Date of Injury:	11/20/2013
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
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:

The injured worker is a 64 year old female, who sustained an industrial injury on November 20, 2013, resulting in pain or injury to the neck. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy. On April 2, 2015, the injured worker reported improvement since the previous examination, with pain in the cervical spine as well as numbness and tingling in her neck. The Primary Treating Physician's report dated April 2, 2015, noted the injured worker had received her last acupuncture treatment, stating temporary help with her symptoms. The injured worker was noted to not have had physical therapy, with the Physician noting the plan to order a trial course to reduce her pain and improve her range of motion (ROM) and function. The injured worker noted her pain medications allowed her to function and work. The cervical spine examination was noted to show spasms present in the cervical paraspinal muscles with tenderness to palpation, restricted range of motion (ROM), and reduced sensory examination of the bilateral hands. The injured worker's current medication was listed as Naproxen Sodium. The treatment plan was noted to include continue medication, and request for authorization for physical therapy 2 times a week for 3 weeks for the neck, back, and right lower extremity with ultrasound therapy. The injured worker's work status was noted to be modified work with restrictions. The Primary Treating Physician's request for authorization was noted to request physical therapy 2x3 for the neck, physical therapy 2x3 for the back, and physical therapy 2x3 for the right lower extremity (right leg and right foot). The Utilization Review (UR) dated August 18, 2015, non-certified the requests for physical therapy 2x3 for the neck, physical therapy 2x3 for the back, and physical therapy 2x3 for the right

lower extremity (right leg and right foot).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for the neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with cervical spine pain with numbness and tingling in her neck. The current request is for Physical Therapy 2x3 for the neck. The treating physician's report dated 04/02/2015 (7B) states, "She has not had physical therapy, we will order a trial course to reduce her pain, improve her range of motion as well as function." The patient is not post-surgical. 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, a trial of physical therapy is appropriate to determine the efficacy in terms of pain relief and functional improvement. The current request is medically necessary.

Physical therapy 2x3 for the back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with cervical spine pain with numbness and tingling in her neck. The current request is for Physical Therapy 2x3 for the back. The treating physician's report dated 04/02/2015 (7B) states, "She has not had physical therapy, we will order a trial course to reduce her pain, improve her range of motion as well as function." The patient is not post-surgical. 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, a trial of physical therapy is appropriate to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.

Physical therapy 2x3 for the right lower extremity (right leg and right foot): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with cervical spine pain with numbness and tingling in her neck. The current request is for Physical Therapy 2x3 for the right lower extremity (right leg and right foot). The treating physician's report dated 04/02/2015 (7B) states, "She has not had physical therapy, and we will order a trial course to reduce her pain, improve her range of motion as well as function." The patient is not post-surgical. 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, a trial of physical therapy is appropriate to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.