

Case Number:	CM15-0180439		
Date Assigned:	09/22/2015	Date of Injury:	08/04/2014
Decision Date:	11/05/2015	UR Denial Date:	09/03/2015
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

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 42 year old male who sustained an industrial injury on 08-04-2014. Mechanism of injury occurred when he was rear-ended while at work. Diagnoses include neck pain and right-sided radiculopathy. A physician progress note dated 08-10-2015 documents the injured worker complains of continued neck pain radiating down his right arm, and right shoulder pain. There is tenderness to palpation and sensation was decreased in the right C7 and C8 dermatome distribution. A physician note dated 06-01-2015 documents the injured worker states he is feeling worse. He has neck pain that radiates down his right arm and complains of numbness of the right fourth and fifth fingers. He continues to work full duty. He has limited cervical range of motion and negative Spurling's bilaterally. A physician note dated 05-15-2015 rates his neck pain as a 4 out of 10 and pain radiates to his right shoulder. He takes Motrin for pain. Treatment to date has included diagnostic studies, medications, 24 physical therapy sessions, acupuncture, and chiropractic sessions. At times, he has called off work due to his pain. Current medications include Tylenol and Ibuprofen. There is tenderness to palpation and sensation was decreased in the right C7 and C8 dermatome distribution. A Magnetic Resonance Imaging of the cervical spine done on 07-27-2015 revealed mild degenerative disc disease, and there was not significant central foraminal stenosis. On 09-04-2014, a Magnetic Resonance Imaging of the right shoulder showed no rotator cuff tear. He is working full duty. The treatment plan recommends a pain management consultation. On 09-03-2015 the Utilization Review non-certified, the requested treatment physical therapy for the cervical two times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical two times a week for 6 weeks: Upheld

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

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

Decision rationale: Based on the 8/10/15 progress report provided by the treating physician, this patient presents with neck pain radiating down to the right shoulder/scapula/arm/hand. The treater has asked for Physical therapy for the cervical two times a week for 6 weeks on 8/10/15. The request for authorization was not included in provided reports. The patient has had severe pain on a daily basis since returning to work and has had to call off work due to pain per 8/10/15 report. The patient has developed new radicular symptoms in right upper extremity per 6/22/15 report. The patient is s/p physical therapy, acupuncture, and chiropractic treatments with temporary relief per 8/10/15 report. The patient's current medications include Tylenol and Ibuprofen per 8/10/15 report. The patient's cervical spine MRI is "essentially normal" and he is not a surgical candidate per 8/10/15 report. The patient's work status is working full time since December 2014 per 8/10/15 report. MTUS, Physical Medicine section, pg. 98, 99 states: "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." In this case, the patient had 4 sessions of physical therapy in December 2014, which gave temporary benefit. The current request is for 12 sessions of physical therapy for the cervical spine. However, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds that request. Hence, the requested physical therapy for the cervical spine is not medically necessary.