

Case Number:	CM15-0188139		
Date Assigned:	09/30/2015	Date of Injury:	03/14/2011
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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 47 year old female who sustained an industrial injury on 3-14-2011. A review of medical records indicates the injured worker has been treated for cervical pain, cervical spondylosis, and carpal tunnel syndrome. Medical records dated 5-28-2015 noted cervical pain on medication was a 7 out 10 and a 9 out 10 without medications. Pain was the same since the last visit. Physical examination noted restricted range of motion with flexion limited to 40 degrees limited to pain, right lateral bending was limited to 30 degrees and left lateral bending limited to 25 degrees. On examination of paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Tenderness was noted at the paracervical muscles and trapezius. On examination of paravertebral muscles, tenderness was noted on both sides. There was tenderness noted over the volar aspect of the right wrist, right palm-dorsal and palmar surface. Treatment has included medications, acupuncture, physical therapy (amount unknown), and modified work duty. Utilization review form dated 9-1-2015 noncertified additional physical therapy to the neck 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the neck, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

Decision rationale: The patient was injured on 03/11/14 and presents with cervical spine pain. The request is for Additional physical therapy for the neck, twice a week for six weeks. There is no RFA provided and the patient is on modified work duty as of the 05/28/15 report. The utilization review letter indicates that the patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical pain, cervical spondylosis, and carpal tunnel syndrome. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function, when these sessions occurred, or how many sessions the patient had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request is not medically necessary.