

Case Number:	CM15-0188559		
Date Assigned:	09/30/2015	Date of Injury:	05/07/2015
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
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, 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 58 year old male with an industrial injury date of 05-11-2015. Medical record review indicates he is being treated for cervical spinal stenosis-left, cervical radiculopathy-left, sprain-strain cervical (bilateral) and sprain-strain shoulder (left.) Subjective complaints (07-30-2015) included neck pain described as "sharp and dull" and "mild and moderately severe." The injured worker reported having symptoms for 80 days. Work status (07-30-2015) is documented as "return to work with restrictions." His medications included Nabumetone. Prior treatment included physical therapy and medications. The treating physician documented: "The patient is not responding well to physical therapy - did 6 out of 6." Physical exam (07-30-2015) revealed a normal gait with full weight bearing on both lower extremities. Range of motion of the neck was unrestricted. There was no evidence of muscle weakness in the paracervical musculature. Sensation was intact to light touch and Pinprick in the bilateral upper extremities without weakness of the upper extremities. The treatment request for physical therapy 3 x wk x 6 wk Cervical/Thoracic/Lumbar spine, Forearms & Legs was non-certified by utilization review on 09-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 6 wks Cervical/Thoracic/Lumbar spine, Forearms & Legs:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with sharp and dull, mild and moderately severe neck pain. The current request is for physical therapy 3x6 cervical/thoracic/lumbar spine/forearms /legs. The treating physician states, in a report dated 08/07/15, "PTORDC 3x wk for 6 weeks." (13B) The MTUS guidelines recommend for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treating physician states, in a report dated 07/02/15, "The patient is not responding well to physical therapy "completed 6 therapy." There is nothing to suggest, in the documents available for review, functional improvement to justify additional physical therapy sessions. As it is, 18 sessions is well over the MTUS guideline recommendations of 9 to 10 sessions over 8 weeks. The current request is not medically necessary.