

Case Number:	CM15-0188751		
Date Assigned:	09/30/2015	Date of Injury:	09/06/2014
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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 58 year old female injured worker suffered an industrial injury on 9-6-2014. The diagnoses included cervicobrachial syndrome, cervical disc degeneration, cervical spinal stenosis, and brachial neuritis. On 8-28-2015, the treating provider reported the visit was a follow up for cervical thoracic interlaminar injections from 8-20-2015. He reported she was much improved but continued to report weakness of the right upper extremity. On exam, she was weak throughout the right upper extremity and continued to drop objects. On 3-12-2015 the provider noted the injured worker reported she had been in physical therapy before with no relief. Prior treatment included medication, epidural steroid injections 3-4-2015 and 8-20-2015. The Utilization Review on 9-3-2015 determined modification for Physical therapy 2 times 4 for cervical spine to 2 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and 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 on 08/28/15 with cervical spine pain and associated weakness in the right upper extremity. The patient's date of injury is 09/06/14. Patient is status post thoracic interlaminar injection on 08/20/15. The request is for Physical Therapy 2 Times 4 for Cervical Spine. The RFA was not provided. Physical examination dated 08/28/15 reveals triceps and biceps weakness in the right upper extremity, and reduced resistance to internal and external rotation of the right shoulder. The patient is currently prescribed Xanax, Tirosint, and Tramadol. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Physical Medicine Section, pages 98,99 has the following: "recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "In regard to the request for 8 physical therapy sessions for this patient's cervical spine and upper extremity pain, the request is appropriate. A careful review of the documentation provided does not reveal any recent physical therapy treatments. There is evidence of chiropractic treatments in 2014, but no traditional physical therapy. MTUS guidelines support up to 10 visits for complaints of this nature. Utilization review modified this request to allow for two sessions of physical therapy without providing a clear rationale for doing so. Given the lack of physical therapy to date, and the total number of sessions in accordance with MTUS guidelines, eight visits could produce benefits for this patient. Therefore, the request is medically necessary.