

Case Number:	CM15-0192819		
Date Assigned:	10/06/2015	Date of Injury:	12/14/2011
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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 12-14-11. The injured worker is being treated for cervical spine sprain-strain with radiculopathy. Treatment to date has included 20 physical therapy sessions (helped decrease pain and increase range of motion), Ibuprofen, back brace and activity modifications. On 7-23-15 the injured worker complained of intermittent moderate neck pain with numbness and tingling in forearms bilaterally and intermittent moderate bilateral hand pain and on 8-20-15, the injured worker reports she is more active and has not needed ibuprofen or to wear her back brace following physical therapy. Work status is unclear. Physical exam performed on 7-23-15 and 8-10-15 revealed mild tenderness on palpation of cervical spine, uncomfortable ambulation and difficulty with single limb heel rise bilaterally. On 8-20-15 request for authorization was submitted for 4 additional physical therapy sessions. On 9-3-15 request for 4 additional physical therapy sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical therapy sessions: Upheld

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

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

Decision rationale: The patient presents with neck pain. The current request is for 4 Physical Therapy Sessions. The treating physician's report dated 08/20/2015 (17B) states, "The patient presents today stating she has finished eight sessions of physical therapy, which have helped decrease pain and increase range of motion. She states she has been more active and has not needed to take Ibuprofen or wear her back brace." Medical records do not show any physical therapy reports. 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, the patient has completed 8 sessions of physical therapy recently with documentation of functional improvement. However, the requested 4 sessions when combined with the previous 8 would exceed guidelines. The patient should now be able to transition into a home-based exercise program to improve strength and range of motion. The current request is not medically necessary.