

Case Number:	CM15-0192981		
Date Assigned:	10/07/2015	Date of Injury:	03/19/2011
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51-year-old male who reported an industrial injury on 3-19-2011. His diagnoses, and or impressions, were noted to include: myalgia and myositis; cervical spondylosis without myelopathy; and fibro-myositis. No current imaging studies were noted. His treatments were noted to include: 6 sessions of acupuncture - effective; physical therapy; medication management; and a return to full duty work. The progress notes of 6-12-2015 reported a re-evaluation with reports of: improved neck and bilateral shoulder pain, symptoms and functionality from his previous visit, since starting acupuncture and trialing Flector patches (noting a 50% improvement); that he was approved for physical therapy and planned to schedule the sessions that day; and that he continued to work full-time duty. The objective findings were noted to include: no acute distress; pain behaviors within expected context of disease. The physician's requests for treatment were noted to include the continuation medications as prescribed, and to exercise as tolerated. No progress notes, provided, noted a request for additional physical therapy. No Request for Authorization for additional physical therapy was noted in the medical records provided. The Utilization Review of 8-29-2015 non-certified the request for 8 additional physical therapy sessions for the cervical spine.

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 cervical spine, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Neck & Upper Back Procedure Summary, online version, updated 06/25/2015.

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

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 10 visits over 8 weeks for cervical strain. In this case, the claimant has had chronic neck pain and has had prior physical therapy. There is no mention of any recent flare up and limited evidence of any significant residual deficits to support the need for additional physical therapy. The request for 8 physical therapy sessions would exceed recommendations and is not medically necessary and appropriate.